2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90202 022 ***150.00

DOCUMENT #

1. Entity Name
LUING INC. P97000062294

Principal Place of Business | Mailing Address

00073456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6210 N. LOCKWOOD RD
Suite, Apt #, etc.: #316
City & State: SARASOTA, FL
Zip: 34243 Country:

3. Mailing Address: 6210 N. LOCKWOOD RD.
Suite, Apt #, etc.: #316
City & State: SARASOTA, FL
Zip: 34243 Country:

4. FEI Number: 65-0828405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: DAVID W THOMSON
Street Address (P.O. Box Number is Not Acceptable): 7422 W. COUNTRY CLUB DR, NORTH
City: SARASOTA FL Zip Code: 34243

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] DAVID W THOMSON 4-12-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

File ... After MAY 1 ... Fee will be ... Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. Officers and Directors	Delete	12.	Additions/Changes	Change	Addition
PSD	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S.D / DAVID THOMSON / 7422 W. COUNTRY CLUB DR. NORTH / SARASOTA, FL 34243	☒	☐
	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
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	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAVID W THOMSON 4-12-00 941-351-3354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #