

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099188

1. Entity Name

CINDY A. LOHLEIN, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90327 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1096 82ND ST. OCEAN  
MARATHON FL 33050

PO BOX 501398  
MARATHON FL 33050-1398

2. Principal Place of Business

3. Mailing Address

111 E Boca Raton Rd  
Apt 4

c/o Probull 111 E Boca Raton Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0791080

Applied For

Not Applicable

Zip  
33432

Country

Zip  
33432

Country

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

GREENMAN, FRANKLIN D  
5800 OVERSEAS HIGHWAY, STE. 40  
MARATHON FL 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE P  
NAME LOHLEIN, CINDY A  
STREET ADDRESS 1096 - 82ND ST. OCEAN  
CITY-ST-ZIP MARATHON FL 33050 ☐ Delete

TITLE P  
NAME Lohlein, Cindy A  
STREET ADDRESS c/o Probull 111 E Boca Raton Rd  
CITY-ST-ZIP Boca Raton FL 33432 ☒ Change ☐ Addition

TITLE D  
NAME HILLER, SANDRA D  
STREET ADDRESS 4610 ST CROIX LANE, APT 1022  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE D  
NAME Hiller, Sandra D  
STREET ADDRESS 2210 Arielle Dr. #1109  
CITY-ST-ZIP Naples FL 34109 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 561/391-8476  
Date Daytime Phone #