

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90175 005 ***150.00

DOCUMENT # P97000099188

1. Entity Name
CINDY A. LOHLEIN, INC.

Principal Place of Business

**111 E BOCA RATON RD
APT 4
BOCA RATON FL 33432**

Mailing Address

**C/O PRO BILL 111 E. BOCA RATON RD
BOCA RATON FL 33432**

2. Principal Place of Business

2210 Arielle Dr.

**Suite, Apt. #, etc.
1109**

3. Mailing Address

2430 Vanderbilt Beach Rd

**Suite, Apt. #, etc.
108-307**



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0791080

Applied For

Not Applicable

Zip

34109

Country

Zip

34109

Country

FL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name CINDY A. MELFA

**Street Address (P.O. Box Number is Not Acceptable)
2210 Arielle Drive #1109**

City Naples

FL

Zip Code 34109

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

Cindy A Melfa

4/3/02

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, 2002 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

TITLE P
NAME LOHLEIN, CINDY A
STREET ADDRESS C/O PROBILL 111 E BOCA RATON RD
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE D
NAME HILLER, SANDRA D
STREET ADDRESS 2210 ARIELLE DR. #1109
CITY-ST-ZIP NAPLES FL 34109

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME melfa, Cindy A
STREET ADDRESS 2210 Arielle Dr. #1109
CITY-ST-ZIP Naples, FL 34109

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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:

Cindy A Melfa

4/3/02

941-514-4586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)