

**AMENDED REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 10 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997 000100203

1. Entity Name

LOBILT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7481 150TH CT. N.

Suite, Apt. #, etc.

3. Mailing Address

~~7481~~ SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS

City & State

4. FEI Number

65-1056561

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KEVIN C. HEMBREE

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

7481 150TH CT. N.

City

PALM BEACH GARDEN FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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

KEVIN C. HEMBREE

(NOTE: Registered Agent signature required when reinstating)

4-22-02

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRES./DIR.

NAME

KEVIN C. HEMBREE

STREET ADDRESS

7481 150TH CT. N.

CITY - ST - ZIP

PALM BEACH GARDENS, 33418

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

600005598666--9

-05/23/02--01007--007

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TITLE

V-PRES./DIR.

NAME

LOIS B. HEMBREE

STREET ADDRESS

7481 150TH CT. N.

CITY - ST - ZIP

PALM BEACH GARDENS 33418

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V-PRES.

NAME

SHANNON HUNER

STREET ADDRESS

35-52-7TH AVE.

CITY - ST - ZIP

DELMAR BEACH, FL. 33483

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KEVIN C. HEMBREE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

78 5/20/02

CR2E034B (12/01)