

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000002418

1. Entity Name
M.C. LOCHMAIER INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90156 026 ***150.00

Principal Place of Business
5175 SOUTH HIGHWAY A1A
MELBOURNE BEACH FL 32951
US

Mailing Address
5175 SOUTH HIGHWAY A1A
MELBOURNE BEACH FL 32951
US



2. Principal Place of Business
44 COCOANUT ROW

3. Mailing Address
44 COCOANUT ROW

Suite, Apt. #, etc.
SUITE # M207

Suite, Apt. #, etc.
SUITE # M207

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

Zip
33480

Country
USA

Zip
33480

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOCHMAIER, MERRILL
5175 S. HIGHWAY A1A 5175
MELBOURNE BEACH FL 32951

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOCHMAIER, MERRILL
5175 S. HIGHWAY A1A
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P
LOCHMAIER, MERRILL ☒ Change ☐ Addition
44 COCOANUT ROW
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.V
LOCHMAIER, LINDI ☐ Change ☒ Addition
5885 5TH AVENUE SOUTH
ST. PETERSBURG, FL 33707

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Merrill C. Lochmaier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.6.03

Date

Daytime Phone #

561.818.1515

CR2E034 (10/02)