

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000004920

FILED
Apr 30, 2003
Secretary of State

Entity Name: LOUQUE HOSPITALITY CORPORATION

Current Principal Place of Business:

2399 S BYRON BUTLER
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

P O BOX 111
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3493232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, DAVID C
711 N ORANGE ST
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DICKSON, DAVID
Address: P.O. BOX 111
City-St-Zip: PERRY, FL 32348

Title: VD () Delete
Name: JONES, WAYNE
Address: P.O. BOX 111
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. DICKSON

PSTD

04/30/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date