

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037969

1. Entity Name  
LOEFFLER ENTERPRISES, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90005 028 \*\*\*550.00

Principal Place of Business

1301 SEMINOLE BLVD  
STE 155  
LARGO FL 33770

Mailing Address

1301 SEMINOLE BLVD  
STE 155  
LARGO FL 33770

2. Principal Place of Business

1301 SEMINOLE BLVD  
Suite, Apt. #, etc.  
STE 117

3. Mailing Address

1301 SEMINOLE BLVD  
Suite, Apt. #, etc.  
STE 117

City & State

LARGO FL

City & State

LARGO, FL

4. FEI Number

59-3508223

Applied For

Not Applicable

Zip

33770

Country

PINELLAS

Zip

33770

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOONEY, MARK F  
1211 W. FLETCHER AVE.  
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name  
LOEFFLER, RAYMOND

Street Address (P.O. Box Number is Not Acceptable)  
1301 SEMINOLE BLVD

SUITE 105

City

LARGO

FL

Zip Code

33770

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.

RAYMOND LOEFFLER

(NOTE: Registered Agent signature required when reinstating)

7/6/2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOONEY, MARK F  
1211 W. FLETCHER AVE.  
TAMPA FL 33612 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LOEFFLER, RAYMOND  
1301 SEMINOLE BLVD  
LARGO FL 33770 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/00

Daytime Phone #

813 758 4030

CR2E034 (5/00)