

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

DOCUMENT # *P98000059809*

1. Entity Name

LOA-TLH, Inc.

APPROVED
AND
FILED

02 JUN -3 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 Weems Rd

3. Mailing Address

6008 BuckLake Rd

Suite, Apt. #, etc.

(H)

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

LEON

Zip

32317

Country

LEON

4. FEI Number

59-3524668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pamela R. Conolly

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

6008 BuckLake Rd

City

Tallahassee

FL

Zip Code

32317

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

Pamela R. Conolly

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

PAMELA R CONOLLY

6008 BUCKLAKE RD

TLH, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900006073269--1

-06/27/02--01076--002

*****500.00 ****500.00*

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IN THIS SPACE**

101.25-ARSLR

88.75-ARSLR

400.00-TRA

CR2E034B (12/01)

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:

Pamela R. Conolly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Division of Corporation

6/3/02

Re: S Corp for LOA-TLH, INC.

This letter is to certify, I have not received a UBR form for 1999. I also was not informed by way of my Franchise agreement, that this was an annual renewal process.

Pamela Conley
Lady of America
LOA-TLH, INC.