

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082301
Entity Name
LOSILLIAS REALTY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90102 045 ***150.00

Principal Place of Business Mailing Address
LOSILLIAS DR. 4022 LOSILLIAS DR.
FL 34238 SARASOTA FL 34238-4538



Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-08771654 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
LEE, H G
2014 FOURTH STREET
SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
D JENSEN, BETTY J 4022 LOSILLIAS DR. SARASOTA FL 34238	Delete		
VPD JENSEN, KAI L 3100 PLEASANT LN RACINE WI 53405	Delete		
STD SCHWARTZBAUM, JUDITH A 5840 TIDEWOOD AVE SARSOTA FL 34231	Delete		
	Delete		
	Delete		
	Delete		

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 Daytime Phone #

CR2E034 (9/99)