0116948 AV

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P9800 LOORING, INC.	Se	Secretary of State 02-01-2002 90047 050 ***150.00				
Principal Plac	e of Business	Mailing Address	··· ·				
2712 N. COCOA BLVD. 2712 N. COCOA BLVD.							
COCOA FL 32922 COCOA FL 32922							
					 		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				:	DO NOT WRITE IN THIS S	PACE	
City & State		City & State		4. FEI Number	59-3574118	-	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of St.		\$9.75 Additional	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registered A		
				Name			
BAKER, JOHN			Street A	Street Address (P.O. Box Number is Not Acceptable)			
1059 RANGE RD.							
COCOA FL 32926			City		· · · · · · · · · · · · · · · · · · ·	Zip Code	
· .				FL Zip Code			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee w Make Check Payable to Dep				50.00 Trust Fu	Campaign Financing and Contribution.		May Be to Fees
11.	OFFICERS AND D		12.		NGES TO OFFICERS AND		
TITLE NAME	D Baker, John	Delete	, TITLE NAME	John Baker 100 yacht Hoven	a 0	Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	100 yacht Hoven			
CITY-ST-ZIP			CITY-ST-ZIP	Cocoapeach, F			
TITLE NAME STREET ADDRESS	D Baker, Susan 1059 Range RD.	☐ Delete	TITLE NAME STREET ADDRESS	Sugan Baker 1000 Yacht Hav Coccoa Beh, F Angela Baker 1340 Estridge Dr Rock F(329)	ENDR	Change	Addition
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	Cocoa Ben,	13931		
TITLE NAME	D ANCELA	☐ Delete	TITLE NAME	Angela Baker		Change -	☐ Addition
STREET ADDRESS	Baker, angela 1059 range RD.		STREET ADDRESS	1340 Estridge D1	_		
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	Rock F(329)	22		
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition [
NAME STREET ADDRESS	سر دست	بالميد بالمديد	NAME STREET ADDRESS		مستحميات المسيني والمناو مينان	~	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	•	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
indicated	certify that the information supplied with look this report or supplemental report is poration or the redeiver or trustee emporor on an attachment with an address, we	true and accurate and that my	eignature shall h	ave the same lengt affect as it	f made under nath: that I ar	m an officer c	or director

SIGNATURE:

SIGNATURE AND TYPED APPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 32/63/688 Date Dayline Phone #