

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000089903**1. Entity Name
LODER MANAGEMENT CORP.**Principal Place of Business**877 EXECUTIVE CENTER DR., STE. 303
GLADES BUILDING
ST. PETERSBURG
33702

FL

Mailing Address877 EXECUTIVE CENTER DR., STE. 303
GLADES BUILDING
ST. PETERSBURG
33702

FL

2. Principal Place of Business
475 CENTRAL AVENUE**3. Mailing Address**
475 CENTRAL AVENUESuite, Apt. #, etc.
THE KRESS BUILDING, SUITE M-8Suite, Apt. #, etc.
SUITE M-8, THE KRESS BUILDING

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG

FL

City & State
ST. PETERSBURG

FL

4. FEI Number
59-3540838

Applied For

Not Applicable

Zip
33701Country
USZip
33701Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MASCARA ERNEST L
877 EXECUTIVE CENTER DR., STE. 303
GLADES BUILDING
ST. PETERSBURG
33702

FL

7. Name and Address of New Registered Agent

Name

MASCARA ERNEST L

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

SUITE M-8, THE KRESS BUILDING

City

ST. PETERSBURG

FL

Zip Code
33701

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 **ERNEST L. MASCARA****04/02/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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
VSTD
LODER MATTHEW
401 GULF BLVD
INDIAN ROCKS BEACH FL 34635 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
LODER MATTHEW
401 GULF BLVD
INDIAN ROCKS BEACH FL 34635 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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: MATTHEW LODER

V

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)