## RATION FILED RT (UBR) Sep 04, 2003 8

Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90058 049 \*\*\*550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCL	JMEN <sup>-</sup>	Γ#

P98000105367

1. Entity Name

KEVIN O'LOUGHLIN, INC.

Principal Place of Business								
158 ATWATER ST.								
PORT CHARLOTTE FL 33954								

Mailing Address

158 ATWATER ST. PORT CHARLOTTE FL 33954

2. Principal Place of Business		3. Mailing Address			( (85))851   15   15   15   17   17   17   17					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State City & State			<del> </del>	4. FEI Number 65-0861472 Applied Fo						
Zip	- 4 -	Country	Zip Cour		try	5. 0	Certificate of Status Desired	\$8.75 Fee Requ	Additional	
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. N	lame and Address of New Register	ed Agent		
O'LOUGHLIN, KEVIN 158 ATWATER ST. PORT CHARLOTTE FL 33954					Name Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
8. The above	named entity	y submits this statement fo	or the purpose of chang	ing its registere	ed office or re	egistered age	ent, or both, in the State of Florida. I a	am familiar wi	th, and accept	
the obligat	ions of regist	ereo agent:								
SIGNATURE .		;								
-	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature	required when rei	instating) DAT	E		
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.		i.00 May Be ded to Fees		
10.		OFFICERS AND		11.			DITIONS/CHANGES TO OFFICERS A	ND DIDECT	DPC IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/03

(94)764-7027

CR2E034 (4/03)