

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014390

1. Entity Name

LOTGERING COMPUTING CONSULTING, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90051 001 ***550.00

08-25-2000 90051 002 *****8.75

Principal Place of Business

11214 PINES BLVD., #248
PEMBROKE PINES FL 33026

Mailing Address

11214 PINES BLVD., #248
PEMBROKE PINES FL 33026

2. Principal Place of Business

1601 N PALM AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE: 110C

City & State

City & State

PEMBROKE PINES, FL

Zip
33026

Country
USA

Zip

Country

4. FEI Number

65-1003289

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOTGERING, FRED
11214 PINES BLVD., #248
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOTGERING, FRED
11214 PINES BLVD., #248
PEMBROKE PINES FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED LOTGERING

Date

Daytime Phone #

8/21/2000 954-538-1444

CR2E034 (5/00)