

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014390

1. Entity Name
LOTGERING COMPUTING CONSULTING, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90056 016 ***158.75

Principal Place of Business

161 N PALM AVE
STE 110C
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.

City & State

PEMBROKE PINES, FL

Zip

33026 BROWARD

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED LOTGERING 2/15/01 (954) 538-1444

Date

Daytime Phone #

CR2E034 (10/00)