

0002987 AV

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024324
1. Entity Name
LOUTOM COMPANY

Principal Place of Business: **2423 ROGERO ROAD JACKSONVILLE FL 32211**
Mailing Address: **2423 ROGERO ROAD JACKSONVILLE FL 32211**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: Zip Country

FILED
02 AUG 19 PH 4: 01
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
4. FEI Number **59-3598341** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

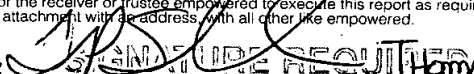
6. Name and Address of Current Registered Agent: **SHOVLIN, THOMAS P 2423 ROGERO ROAD JACKSONVILLE FL 32211**
7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.
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. **FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, LOUIS E III <input type="checkbox"/> Delete 4427 EMERSON STREET, BLDG. 2 JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300007284743--4 -08/22/02--01042--020 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOVLIN, THOMAS P <input type="checkbox"/> Delete 2423 ROGERO ROAD JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Thomas P. Shawlin** 8/15/02 904 725-5510

CR2E034 (4/02)

Attachment
P99 000024324

LOUTOM COMPANY, INC.

JAXpark.com, Inc.

August 15, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

I am appealing to the Division of Corporations to accept my filing for Loutom Co. For the \$150.00 filing fee.

Due to personal family matters, including a death in my family, I have had to be out of town almost constantly since April.

Business matters including this corporate filing were either misplaced or lost. My corporation is very small and cannot afford the high fee and I would very much appreciate your accepting the regular filing fee. I have enclosed a check for that amount.

Thank you for your help and consideration in this matter.

Sincerely,



Thomas P. Shouplin