

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am  
Secretary of State

06-09-2000 90215 030 \*\*\*150.00  
01-19-2000 90227 015 \*\*\*150.00

DOCUMENT # P9900004495 P990000541  
1. Entity Name LOJESTAR INC. OF DELTONA

Principal Place of Business 2921 ORLANDO DR.  
SUITE 142  
SANFORD, FL 32773  
Mailing Address P.O. Box 5357  
DELTONA, FL 32728

2. Principal Place of Business 2921 ORLANDO DRIVE  
Suite, Apt. #, etc. SUITE 142  
City & State SANFORD, FL  
Zip 32773 Country US  
3. Mailing Address P.O. Box 5357  
Suite, Apt. #, etc. DELTONA, FL  
City & State DELTONA, FL  
Zip 32728 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3582842 Applied For ☐  
Not Applicable ☐  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, STANLEE J.  
5777 DELTONA BLVD. STE. 20  
DELTONA, FL 32725

7. Name and Address of New Registered Agent  
Name SMITH, STANLEE J.  
Street Address (P.O. Box Number is Not Acceptable) 2921 ORLANDO DR. SUITE # 142  
City SANFORD FL Zip Code 32773

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] Stan J. Smith, Presid. 5-16-2000  
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, 2000 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	<u>D/P</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SMITH, STANLEE J.</u>		NAME		
STREET ADDRESS	<u>P.O. Box 5357</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>DELTONA, FL 32728</u>		CITY-ST-ZIP		
TITLE	<u>V/S</u>	<input type="checkbox"/> Delete	TITLE	<u>D/V/S</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>GULDI, JAMES E.</u>		NAME	<u>GULDI, JAMES E.</u>	
STREET ADDRESS	<u>P.O. Box 5357</u>		STREET ADDRESS	<u>P.O. Box 5357</u>	
CITY-ST-ZIP	<u>DELTONA, FL 32728</u>		CITY-ST-ZIP	<u>DELTONA, FL 32728</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 5-16-2000, 407-324-1178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)