

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067944

1. Entity Name
LOHER'S PROPERTIES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90954 033 ***150.00

Principal Place of Business
**6209 FJORD WAY
NEW PORT RICHEY FL 34652**

Mailing Address
**6209 FJORD WAY
NEW PORT RICHEY FL 34652**

2. Principal Place of Business
5143 COMMERCIAL WAY
Suite, Apt. #, etc.

3. Mailing Address
5143 COMMERCIAL WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL FL

City & State
SPRING HILL FL

4. FEI Number **59-3589265**

Applied For
Not Applicable

Zip
34606

Zip
34606

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

**LOHER, DONALD W
6209 FJORD WAY
NEW PORT RICHEY FL 34652**

Name
Street Address (P.O. Box Number is Not Acceptable)
5143 COMMERCIAL WAY
City **SPRING HILL** **FL** Zip Code **34606**

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 ☐ Delete
NAME **D**
STREET ADDRESS **LOHER, DONALD W**
CITY-ST-ZIP **6209 FJORD WAY
NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5143 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE: **DONALD W. LOHER** **4/27/01** **865-428-5388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)