

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90119 003 ***150.00

DOCUMENT # P99000109043

Entity Name
LOBO ENTERPRISES, INC.

Principal Place of Business VAN BUREN ST. FT. MYERS FL 33916	Mailing Address 423 VAN BUREN ST. FT. MYERS FL 33916
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 909 N. TAMiami TRAIL Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State NORTH FT. MYERS FL	City & State

4. FEI Number 65-0970494	Applied For <input type="checkbox"/> Not Applicable
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Zip 33917	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SMALLWOOD, CARL
423 VAN BUREN ST.
FT. MYERS FL 33916**

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 _____ (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

TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
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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: Carl Smallwood **Carl Smallwood** 4-17-00 941-652-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)