FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90008 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109499

1. Entity Name
LOXAHATCHEE CANOEING, INC.

90139411

Principal Place of Business	Mailing Address
10216 LEE RD. BOYNTON BEACH, FL 33437	~~4601 LANTANA RD~~ ~~LAKE WORTH, FL 33463~~

2. Principal Place of Business		3. Mailing Address	
		12440 State Road 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Boynton Beach FL	
Zip	Country	Zip 33437	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0969877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DETORE, KIM
~~4601 LANTANA ROAD~~
~~LAKE WORTH, FL 33463~~

12440 State Road 7
Boynton Beach FL
33437

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 Kim Detore 6/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETORE, KIM ~~4601 LANTANA RD~~ ~~LAKE WORTH, FL 33463~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Detore 6/9/03 561-733-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
901394 11
P99000109499

June 9, 2003

Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs

I have not received the annual renewal of the UBR. I e-mailed your office on May 27 and I have not received the report yet. I do have a change of address listed below. I have enclosed my payment of $150.00 for this years renewal. Please let me know if you need further information.

12440 State Road 7
Boynton Beach, FL 33437

Respectfully,

Kim Detore

Kim Detore
Loxahatchee Canoeing.