

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90012 008 ***550.00

DOCUMENT # S49056

1. Entity Name
LOCHANS FLORIDA, INC.

Principal Place of Business
347 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

Mailing Address
347 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
149 S RIDGEWOOD AVE

3. Mailing Address
149 S RIDGEWOOD AVE

Suite, Apt. #, etc.
SUITE 500 SOUTH

Suite, Apt. #, etc.
SUITE 500 SOUTH

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

4. FEI Number **59-3063625**

Applied For
Not Applicable

Zip **32114** **Country** **VOLUSIA**

Zip **32114** **Country** **VOLUSIA**

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

6. Name and Address of Current Registered Agent

ABRAHAM, ROBERT
347 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

149 S. RIDGEWOOD AVENUE

SUITE 500 SOUTH

City **DAYTONA BEACH**

FL

Zip Code **32114**

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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **MAAS, BERNARD KAREL**
STREET ADDRESS **347 S RIDGEWOOD AVE---**
CITY-ST-ZIP **DAYTONA BCH FL-**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **149 S RIDGEWOOD AVE, SUITE 500 SOUTH**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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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 all other like empowered.

SIGNATURE: *Robert Abraham* **Robert Abraham, Registered Agent 7/17/01 386-258-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)