

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90037 030 \*\*\*150.00

**DOCUMENT #** S49056

**1. Entity Name**

LOCHANS FLORIDA, INC.

**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

Suite, Apt. #, etc.

SUITE 500

**City & State**

DAYTONA BEACH, FL

**City & State**

DAYTONA BEACH, FL

**4. FEI Number**

59-3063625

**Applied For**

Not Applicable

**Zip**  
32114

**Country**  
USA

**Zip**  
32114

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

ROBERT ABRAHAM

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

149 S. RIDGEWOOD AVE, SUITE 500

**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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PSTD  
BERNARD KAREL MAAS  
149 S RIDGEWOOD AVE, SUITE 500  
DAYTONA BEACH FL 32114

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

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Robert Abraham*

Robert Abraham, Registered Agent

386-258-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)