

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90037 033 \*\*\*150.00

**DOCUMENT # V20401**

1. Entity Name  
**LOUAI ASSOCIATES, INC.**

Principal Place of Business 351 - 6TH AVENUE WEST BRADENTON FL 34205 US	Mailing Address 357 6 AVE WEST BRADENTON FL 34205-8820 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>357 6TH AVE W</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State <b>BRADENTON, FL</b>	City & State
Zip <b>34205</b>	Country

4. FEI Number <b>65-0344563</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EDMONDSON, LOUIS E.**  
**351 6TH AVENUE WEST**  
**BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**357 6TH AVE W**

City  
**BRADENTON**

State  
**FL**

Zip Code  
**34205**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EDMONDSON, LOUIS E.</b> <b>351 - 6TH AVENUE, W.</b> <b>BRADENTON FL</b>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>357 6TH AVE W</b> <b>BRADENTON, FL 34205</b>
TITLE NAME 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: [Signature] DATE: **2/14/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)