

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71975

Entity Name
LORAN INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90131 031 ***150.00

Principal Place of Business

640 NE 19TH AVE
DEERFIELD BCH FL 33441
US

Mailing Address

640 NE 19TH AVE
DEERFIELD BCH FL 33441
US

2. Principal Place of Business

1300 E. Hillsboro Blvd.
Suite, Apt. #, etc.
201

3. Mailing Address

1300 E. Hillsboro Blvd.
Suite, Apt. #, etc.
201

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

US

Zip

33441

Country

US

4. FEI Number

65-0365697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES ROY J

650 NE 19TH AVE

DEERFIELD BEACH FL 33441-3721

7. Name and Address of New Registered Agent

Name Jones Roy J.

Street Address (P.O. Box Number is Not Acceptable)
1300 E. Hillsboro Blvd.

Suite 201

City Deerfield Beach

FL

Zip Code

33441

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]

Pres.

2/5/02

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 \$150.00
After May 1, 2002 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 PSD
NAME JONES, ROY J
STREET ADDRESS 650 NE 19TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE S
NAME JONES, ADA
STREET ADDRESS 640 NE 19TH AVE
CITY-ST-ZIP DEERFIELD FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

Date

Daytime Phone #

CR2E034 (9/01)