

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2002 90131 031 ***150.00

DOCUMENT # **V71975**

Entity Name
LORAN INC.

| | |
|---|---|
| Principal Place of Business 640 NE 19TH AVE DEERFIELD BCH FL 33441 US | Mailing Address 640 NE 19TH AVE DEERFIELD BCH FL 33441 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 1. Principal Place of Business 1300 E. Hillsboro Blvd. Suite # 201 | 3. Mailing Address 1300 E. Hillsboro Blvd. Suite # 201 |
|---|---|

| | | | |
|---|--|------------------------------------|--|
| City & State Deerfield Beach FL | City & State Deerfield Bch, FL | 4. FEI Number 65-0365697 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33441 | Country US | Zip 33441 | Country US |

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 **Pres.** DATE **2/5/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PSD JONES, ROY J 650 NE 19TH AVE DEERFIELD BEACH FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JONES, ADA 640 NE 19TH AVE DEERFIELD FL 33441 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** DATE **2/5/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

AV C-47085V

CR2E034 (9/01)