Jan 15, 2003 8:00 am Secretary of State

FILED

01-15-2003 90253 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000115618 DOCUMENT

1. Entity Name

BETTY A. LLANTIN, P.A.



ing Address	
2 RACCON RUN LANE	

	<u> </u>				
	lace of Business DON RUN LANE FL 32837	Mailing Address -2652 RACOON RUN LA	ine	9	0002483
2. Principal	I Place of Business	10.44-95			
		3. Mailing Address	772322	i indiliner ith daile riall abith agill agill abith	AN ANGON MAKAO MAKAN NADAK ANAK ANAK
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	IG CHANGES
City & St	ate	City & State OR Lando	FL	4. FEI Number	Applied For
Zip	Country	32877	Country	, 5. Certificate of Status Desired	Not Applicabl \$8.75 Additional
	6. Name and Address of Current	t Registered Agent	10,000	7. Name and Address of New Registered	Fee Required
LLANT	L1 v)		Name	Authoritio Audiess of New Registered	Agent
LLATIN,			Chronic Andrew	(20.0	·
	COON RUN LANE		Street Addre	ss (P.O. Box Number is Not Acceptable)	
1 *	O FL 32837		-		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			City	FL	Zip Code
∍ ⊌ , Ine abov	e named entity submits this statement for	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am	formilia with
	Button A	Page -	g	and agoing of boar, in the state of Florida. Tam	/
SIGNATURE	Signature typed or printog name of registered agent	and title it applicable (No.	TC. D	//13/	<u> 103</u>
	FILE NOW!!! FEE IS \$150.00	The tree is application. (NO	TE: Registered Agent signature requ	ured when reinstating) DATE	
Afte	May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be
Make Chec	k Payable to Florida Department o	f State			Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIPECTOPOLINA
TITLE	P	☐ Delete	TITLE	ASSIMONO/GHANGES TO OFFICERS AND	Change Addition
NAME STREET ADDRESS	LLANTIN, BETTY A		NAME		☐ Change ☐ Addition
CITY-ST-ZIP	2652 RACOON RUN LANG ORLANDO FL 32837		STREET ADDRESS		
TITLE	ONLANDO PL 3283/		CITY-ST-ZIP		
NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME		B0.00	NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	~ * ***	عاراني اليسود ويعسم	STREET ADDRESS	وعالب المتسود العلق الألتا في المستهيد المنتال الله المعال يبييتان والمستميدات	الاناطبية بثان المحادثة المحادثة
			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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TITLE	-	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME		☐ Audulting ☐ Withing
CITY-ST-ZIP			STREET ADDRESS		

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #

CR2E034 (10/02)