

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41230

1. Entity Name

LATIS, INC.

Principal Place of Business

2301 13TH STREET
ST. CLOUD FL 34769

Mailing Address

2301 13TH STREET
ST. CLOUD FL 34769-4124

2. Principal Place of Business

6043 LAKE LIZZIE DR

3. Mailing Address

6043 LAKE LIZZIE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

4. FEI Number

59-0801780

Applied For

Not Applicable

Zip

Country

34771 USA

Zip

Country

34771 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, H.R., JR.
4449 RUMMELL ROAD
ST. CLOUD FL 34769

Name

JANET BAKER

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

6043 LAKE LIZZIE DR

City

ST. CLOUD

FL

Zip Code

34771

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

Janet Baker

JANET BAKER

1-20-00

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, JANET	
STREET ADDRESS	644 ADRIAN PARK CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORNTON, BARBARA U.	
STREET ADDRESS	4449 RUMMELL ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6043 LAKE LIZZIE DRIVE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(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:

Janet Baker JANET BAKER

Date

Daytime Phone #

1-20-00

UUU40010



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)