

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 283481

1. Entity Name  
LATTERI & SON, INC.

Principal Place of Business

2116 LAUREL STREET  
% ANTHONY LATTERI, SR.  
TAMPA FL 33607

Mailing Address

2116 LAUREL STREET  
% ANTHONY LATTERI, SR.  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1084836

Applied For

Not Applicable

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

LATTERI JR., ANTHONY  
2116 LAUREL STREET  
TAMPA FL 33677

Name

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

City

FL

Zip Code

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, 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, 2001 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 | NAME                | STREET ADDRESS     | CITY-ST-ZIP | DELETE                              | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|---------------------|--------------------|-------------|-------------------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| DVP   | LATTERI, EVELIA     | 2116 LAUREL STREET | TAMPA FL    | <input checked="" type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| DST   | LATTERI JR, ANTHONY | 2116 LAUREL STREET | TAMPA FL    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| P     | LATTERI JR, ANTHONY | 2116 LAUREL STREET | TAMPA FL    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| ST    | LATTERI, FRANCES    | 2116 LAUREL ST.    | TAMPA FL    | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                     |                    |             | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                     |                    |             | <input type="checkbox"/>            |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-01

813-253-0645

CR2E034 (10/00)

FILED  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90082 007 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE