

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90014 014 ***150.00

DOCUMENT # F04692

1. Entity Name
LUTONE, INC.

Principal Place of Business

**13923 HELEN AVENUE
HUDSON FL 34667**

Mailing Address

**7541 ANDREWS ST
HUDSON FL 34667
US**

2. Principal Place of Business

3. Mailing Address

13923 Helen Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, FLA.

4. FEI Number

59-2036119

Applied For

Not Applicable

Zip

Country

Zip

Country

34667

US

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

**RAPPA, ANTIONETTE M
7541 ANDREWS ST
HUDSON FL 34667**

Name

RAPPA, ANTIONETTE M.

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

13923 Helen Ave

City

HUDSON

FL

Zip Code

34667

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **RAPPA, ANTIONETTE M**
CITY-ST-ZIP **13923 HELEN AVE.
HUDSON FL**

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

TITLE ☐ Delete
NAME **PVP**
STREET ADDRESS **RAPPA, LOUIS R**
CITY-ST-ZIP **13923 HELEN AVE.
HUDSON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Antionette M. Rappa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02

Date

727-863-5222

Daytime Phone #

CR2E034 (9/01)