

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # G02650**1. Entity Name
L.A. WROTEN CO.

Principal Place of Business

1018 E. OLEANDER

LAKELAND
33801

FL

Mailing Address

P.O. BOX 2437

LAKELAND
33806

FL

2. Principal Place of Business

1018 E. OLEANDER ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND

FL

City & State

Zip
33801

Country

Zip
33801

Country

4. FEI Number

59-2224580

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AULLS MORTON D
703 E. BURLEIGH BLVD.TAVARES
32778 US FL

7. Name and Address of New Registered Agent

Name

WROTEN L A

Street Address (P.O. Box Number is Not Acceptable)
6065 MOUNTAIN LAKE DR.City
LAKELAND

FL

Zip Code
33813

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 **L. ALLEN WROTEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/05/2001

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

TITLE
NAME
ST
SELLERS RICHARD L ☐ Delete
STREET ADDRESS
2222 CAMBRIDGE AVE
CITY-ST-ZIP
LAKELAND FL 33003TITLE
NAME
ST
WROTEN ALLEN L ☐ Delete
STREET ADDRESS
6065 MOUNTAIN LAKE DR.
CITY-ST-ZIP
LAKELAND FLTITLE
NAME
ST
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
ST
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
ST
☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
ST
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
ST
SELLERS RICHARD L ☒ Change ☐ Addition
STREET ADDRESS
2222 CAMBRIDGE AVE
CITY-ST-ZIP
LAKELAND FL 33803TITLE
NAME
ST
WROTEN L A ☒ Change ☐ Addition
STREET ADDRESS
6065 MOUNTAIN LAKE DR.
CITY-ST-ZIP
LAKELAND FL 33813TITLE
NAME
ST
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
ST
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
ST
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
ST
☐ Change ☐ Addition
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: **RICHARD L. SELLERS**

ST

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)