

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J08344

1. Entity Name

LTM ENTERPRISES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90091 043 ***150.00

Principal Place of Business

Mailing Address

% LYN WILLIAMS MINTLE
~~6586 PINELOCH CT.~~
~~JUPITER FL 33458~~

% LYN WILLIAMS MINTLE
~~6586 PINELOCH CT.~~
~~JUPITER FL 33458~~

2. Principal Place of Business

3. Mailing Address

704 N Locust

P.O. Box 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Glenwood IA

Glenwood IA

Zip

Country

Zip

Country

51534

USA

51534

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTLE, LYN WILLIAMS
~~6586 PINELOCH CT.~~
~~JUPITER FL 33458~~

Name: Carolyn Snyder
Street Address (P.O. Box Number is Not Acceptable): 6001 Dogwood Rd
City: West Palm Beach FL 33409

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: Carolyn Snyder

(NOTE: Registered Agent signature required when reinstating)

DATE: 4.27.00

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	MINTLE, LYN WILLIAMS	
STREET ADDRESS	6586 PINELOCH CT.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MINTLE, THEODORE R.	
STREET ADDRESS	6586 PINELOCH CT.	
CITY-ST-ZIP	JUPITER FL 33458	
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	704 N Locust St.	
STREET ADDRESS	Glenwood IA 51534	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	704 N Locust St	
STREET ADDRESS	Glenwood IA 51534	
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 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: *W. Mintle* President 4/26/00 712-527-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 527-5588