

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-24-2002 90189 015 ***150.00

DOCUMENT # J71666

1. Entity Name

LANCO, INC., OF ORLANDO

Principal Place of Business

% CARLOS M. LANTIGUA
 1409 E. SEMORAN BLVD.
 CASSELBERRY FL 32707
 US

Mailing Address

% CARLOS M. LANTIGUA
 1409 E. SEMORAN BLVD.
 CASSELBERRY FL 32707
 US

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

59-2808826

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

LANTIGUA, CARLOS M.
 1409 SEMORAN BLVD
 CASSELBERRY FL 32707

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LANTIGUA, CARLOS M. 1409 SEMORAN BLVD CASSELBERRY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANTIGUA, MYRIAM D. 1409 SEMORAN BLVD CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANTIGUA, CARLOS A 1409 SEMORAN BLVD. CASSELBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANTIGUA, CARLOS M. 1409 SEMORAN BLVD CASSELBERRY, FL 32707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

3. 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 #

CR2E034 (9/01)

Attachment

JBR

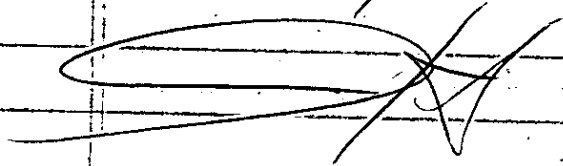
7-15-02 971036

J71666

WE NEVER GOT THE CHECK BACK
THAT WAS WRITTEN ON 4/18/02.

AS PER OUR CONVERSATION
I AM WRITING ANOTHER CHECK.

Thank you

A handwritten signature, possibly reading "JBR", written in dark ink. The signature is stylized with a large loop and a crossbar.