

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80226

1. Entity Name

LOADING DOCK & DOOR SPECIALIST, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90365 014 ***150.00

Principal Place of Business

Mailing Address

2522 LAKE ELLEN LANE
 %GREGORY F. BOYER
 TAMPA FL 33618

2522 LAKE ELLEN LANE
 %GREGORY F. BOYER
 TAMPA FL 33618-3206

2. Principal Place of Business

3. Mailing Address

L.D.D.S., Inc.

L.D.D.S., Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13106 BURNES LAKE DRIVE

P.O. BOX 82966

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33612

USA

33682-2966

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2809112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYER, GREGORY F.
 2522 LAKE ELLEN LANE
 TAMPA FL 33618

7. Name and Address of New Registered Agent

Name REGINA RAITANO

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

13106 BURNES LAKE DRIVE

City

TAMPA

FL

Zip Code

33612

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

Regina Raitano

REGINA RAITANO PRESIDENT

4/20/2000

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, 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	VP	<input type="checkbox"/> Delete
NAME	RAITANO, ARTHUR E.	
STREET ADDRESS	13106 BURNES LAKE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	RAITANO, REGINA M.	
STREET ADDRESS	13106 BURNES LAKE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D.	<input type="checkbox"/> Delete
NAME	FLEXION, INC.	
STREET ADDRESS	510 VISTA PARK DR.	
CITY-ST-ZIP	PITTSBURGH PA	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Regina M. Raitano
 REGINA M. RAITANO PRESIDENT

4/20/2000

813/935-2621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)