

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90149 006 ***150.00

0701904 IN

DOCUMENT # J97000

1. Entity Name
LATITUDE'S, INC.



Principal Place of Business
**1357 DUNCAN AVE S
CLEARWATER FL 34616
US**

Mailing Address
**1357 DUNCAN AVE S.
CLEARWATER FL 34616
US**

11032145



2. Principal Place of Business
LATITUDE'S INC

3. Mailing Address
LATITUDE'S INC

Suite, Apt. #, etc.
1261 GULF BLVD #103

Suite, Apt. #, etc.
1261 GULF BLVD #103

City & State
CLEARWATER, FL

City & State
CLEARWATER FL

Zip
33767

Country
Pinnellas

Zip
33767

Country
Pinnellas

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOMBURG, STEVEN L.
1357 DUNCAN AVE S
CLEARWATER FL 34616**

4. FEI Number **59-2850950**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Pres** DATE **4-20-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | HOMBURG, STEVEN L | |
| STREET ADDRESS | 1261 GULF BLVD #103 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | HOMBURG, PATRICIA | |
| STREET ADDRESS | 1261 GULF BLVD #103 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Pres** **Latitude's Inc** DATE **4/29/2003** 727-593-0380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)