2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K95334 1. Entity Name

VICTOR J. LATAVISH, ARCHITECT, P.A.

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90362 001 ***150.00

			Ofo The	Tax Docl
•	ce of Business ATE SOUARE STE 100 942	Mailing Address 4100 CORPORATE SQUAI NAPLES AL 33942	Y.A. PRAE1 2375 Tamiai P.C	TE, P.A. Ac mi Trail N D. Box 7938 FL34101-7938
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State	-	4. FEI Number 65-0126127 Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Cui	rrent Registered Agent	-1	7. Name and Address of New Registered Agent
	NACH MOTOR I		Name	
LATAVISH, VICTOR J. 4100 CORPORATE SQUARE STE 100 NAPLES FL 34104		100	Street Address	idress (P.O. Box Number is Not Acceptable)
IVAF	LES FL STIV			
			City	Zip Code
8. The above	named entity submits this stateme	ent for the purpose of changing i	ts 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. (NC	OTE: Registered Agent signatur	e required when reinstating) DATE
		THE NOV	VIII FEE IS \$150.0	0
Tax filing i	oration is eligible to satisfy its Intan requirement and elects to do so. ria on back)	After MAY 1, 2	2001 Fee will be \$53 able to Department	50.00 Trust Fund Contribution.
11.		AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addilio
NAME	LATAVISH, VICTOR J.		NAME	
STREET ADDRESS	3416 BEDFORD CT		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio
NAME			NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP				☐ Change ☐ Additio
TITLE		☐ Delete	TITLE NAME	·
NAME Street address			STREET ADDRESS	•
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	☐ Change ☐ Additio
NAME			NAME	_ · _
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Defete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CATY-ST-ZIP	
		☐ Delete	TITLE	☐ Change ☐ Addition
TITLE				
NAME .		_ book	NAME	
			NAME STREET ADDRESS CITY-ST-ZIP	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oain; that it are all 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.

APR 1 8 2001