


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90574 048 ****50.00

DOCUMENT # L01000017043

1. Entity Name
LATVALA, COLEY AND COMPANY, LLC



Principal Place of Business
712 WEST PLATT ST.
TAMPA, FL 33606

Mailing Address
712 WEST PLATT ST.
TAMPA, FL 33606

2. Principal Place of Business
109 Phillips Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 488
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34683 Country
U.S.A.

Zip
34682 Country
U.S.A.

4. FEI Number
59-3743084

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
LATVALA, WOODROW J
712 WEST PLATT ST.
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Woodrow J. Latvala

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

City
Palm Harbor FL Zip Code
34683

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 Woodrow J. Latvala DATE 04/28/03

Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when registering)

FILE NOW!! FEES \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATVALA, WOODROW J 35111 U.S. HWY. 19 NORTH, #104 PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	109 Phillips Way Palm Harbor FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Woodrow J. Latvala DATE 04/28/03 727-772-8233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)