

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33769

1. Entity Name

LTM DISTRIBUTING, INC.

08-08-2000 0012 037 ***150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 PM 5:05

Principal Place of Business

170 SHOPPING AVENUE
SARASOTA FL 34237

Mailing Address

170 SHOPPING AVENUE
SARASOTA FL 34237

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

65-0160793

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

RITCHIE, THOMAS
170 SHOPPING AVENUE
SARASOTA FL 34237

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 type 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	RITCHIE, THOMAS	
STREET ADDRESS	3907 MEADOW CREEK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITCHIE, LINDA M.	
STREET ADDRESS	3907 MEADOW CREEK DR	
CITY-ST-ZIP	SARASOTA 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		

12. 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
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-27-2000

941-922-3964

Duplicate

AD

LTM Distributing Inc.

October 28, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Subject: Annual report # L33769

Please review your records pertaining to our annual report. We originally sent our Check #29643 dated April 13, 2000. We received a late notice and checked with our bank and discovered our check had indeed not cleared. We resent the check for \$150.00 Immediately and wrote on the form "Duplicate". In October, we received a notice of Administrative Dissolution. We contacted your office and spoke with Leslie on October 19. She explained that we should have sent a letter with the second payment stating that we had already sent the payment in on time, rather than simply marking the form and check "Duplicate".

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Ritchie', with a long horizontal line extending to the right.

Tom Ritchie
President

170 Shopping avenue Sarasota, Florida 34237
941-366-1985 fax 941-366-0145