

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90123 020 ***150.00

01060871 AV

DOCUMENT.# P00000021102

1. Entity Name

LOTUS INDUSTRIES, INC.

Principal Place of Business

Mailing Address

~~8161 OAK PARK ROAD~~ 7081 GRAND NATIONAL DRIVE
 ORLANDO FL 32819 SUITE 101 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

7081 GRAND NATIONAL DRIVE 8161 OAK PARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO

FL

Zip 32819

Country USA

Zip 32819

Country

4. FEI Number

59-3628404

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

TATE, ELLA W
 8161 OAK PARK ROAD
 ORLANDO FL 32819

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, 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, 2002 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 PT
 NAME TATE, ELLA W
 STREET ADDRESS 8161 OAK PARK RD
 CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS
 NAME TATE, OLIVER J
 STREET ADDRESS 8161 OAK PARK RD
 CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: ELLA W Tate, ELLA W Tate
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 407-3634220
 Date Daytime Phone #

CR2E034 (9/01)