

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022094

1. Entity Name
LARATRA CONSULTING, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90275 011 ***150.00

Principal Place of Business
2422 SOUTHEAST COUNTRY ROAD
21-B
MELROSE FL 32666

Mailing Address
2422 SOUTHEAST COUNTRY ROAD
21-B
MELROSE FL 32666

2. Principal Place of Business
3824 ST. GIRONS DR
Suite, Apt. #, etc.

3. Mailing Address
3824 ST. GIRONS DR
Suite, Apt. #, etc.

City & State
PUNTA GORDA, FL
Zip
33950
Country
USA

City & State
PUNTA GORDA, FL
Zip
33950
Country
USA

4. FEI Number
59-3636983
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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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  DATE 1/22/2001
Signature, typed or printed name of registered agent, or title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NORWOOD, THOMAS L JR
2422 SOUTHEAST COUNTRY ROAD
MELROSE FL 32666 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
NORWOOD, TRACEY A
2422 SOUTHEAST COUNTRY ROAD
MELROSE FL 32666 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

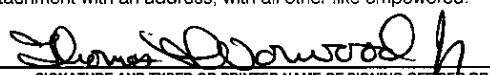
TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS L. NORWOOD, JR. PTD

1/22/2001 (941)833-8317
Date Daytime Phone #

CR2E034 (10/00)