

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90370 014 ***150.00

DOCUMENT # R00000033905

1. Entity Name
LOTSADO, INC.

Principal Place of Business
1991 W. LUMSDEN RD.
BRANDON, FL 33511

Mailing Address
2807 KIPPS COLONY DR. S
GULFPORT, FL. 33707

UUU14370

2. Principal Place of Business
1991 W. LUMSDEN RD.
 Suite, Apt. #, etc.

3. Mailing Address
2807 KIPPS COLONY DR. S.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRANDON, FL

City & State
GULFPORT, FL

4. FEI Number
59-3672051

Applied For
 Not Applicable

Zip
33511

Country
USA

Zip
33707

Country
USA

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

BERTRAND, LISA M.
4743-66th ST. N.
ST. PETERSBURG, FL 33709

Name
GIORGIO BERTRAND

Street Address (P.O. Box Number is Not Acceptable)
4743-66th ST. N.

City
ST. PETERSBURG

FL

Zip Code
33709

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  **GIORGIO BERTRAND**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/02/01
 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, 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 **P.S.D.** ☒ Delete
 NAME **LISA M. BERTRAND**
 STREET ADDRESS **2807 KIPPS COLONY DR. S.**
 CITY-ST-ZIP **GULFPORT, FL. 33707**

TITLE **P.V.S.T.D.** ☒ Change ☐ Addition
 NAME **GIORGIO BERTRAND**
 STREET ADDRESS **2807 KIPPS COLONY DR. S.**
 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **V.T.D.** ☒ Delete
 NAME **GIORGIO BERTRAND**
 STREET ADDRESS **2807 KIPPS COLONY DR. S.**
 CITY-ST-ZIP **GULFPORT, FL 33707**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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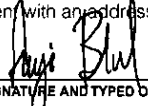
TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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:  **GIORGIO BERTRAND**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01
 Date

(727) 510-0704
 Daytime Phone #

CR2E034 (11/00)