

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90045 008 \*\*\*150.00

DOCUMENT # P00000035984

1. Entity Name  
LUREVETO, INC.

Principal Place of Business  
115 OLEANDER DRIVE  
SAN MATEO FL 32187

Mailing Address  
POST OFFICE BOX 2  
SAN MATEO FL 32187

742643



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |   |  |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br>59-3639752   |  | Applied For<br>Not Applicable               |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>                 |  | \$8.75 Additional Fee Required              |  |
| City & State                   |         | City & State        |         | 6. Name and Address of Current Registered Agent                           |  | 7. Name and Address of New Registered Agent |  |
| Zip                            | Country | Zip                 | Country | Name<br>Dianne L Moseley  |  |   |  |
|                                |         |                     |         | Street Address (P.O. Box Number is Not Acceptable)<br>1000 S. 15th Street |  |   |  |
|                                |         |                     |         | City<br>Palatka   |  |   |  |
|                                |         |                     |         | FL  |  |   |  |
|                                |         |                     |         | Zip Code<br>32177   |  |   |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>LEON, LISA M<br>4475 US 1 SOUTH #201<br>ST. AUGUSTINE FL 32086 |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Dianne L Moseley<br>Street Address (P.O. Box Number is Not Acceptable)<br>1000 S. 15th Street<br>City<br>Palatka<br>FL<br>Zip Code<br>32177 |  |  |  |
|---|--|--|--|--|--|--|--|

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 Dianne L Moseley Dianne L Moseley, Secretary/Treasurer 4/13/01  
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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS                     |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Woodrow W. Pate, Jr.<br>PO Box 2<br>San Mateo, FL 32187<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Effie Pate Vice-President<br>Effie Pate<br>PO Box 2<br>San Mateo, FL 32187<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary/Treasurer<br>Dianne L. Moseley<br>1000 S. 15th Street<br>Palatka, FL 32177<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Woodrow W. Pate 04/02/01 904-546-0632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)