

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90022 047 ***150.00

DOCUMENT # P00000074492

1. Entity Name
LORETO PRODUCTS, INC.

Principal Place of Business

**5330 HWY 98 N
 LAKELAND FL 33809**

Mailing Address

**5330 HWY 98 N
 LAKELAND FL 33809**

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

59-3663338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MILLS, FREDERICK J ESQ.
 1200 W. PLATT ST., SUITE 100
 TAMPA FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE CPD
NAME POZO, ESTEBAN
STREET ADDRESS CARRETERA SEVILLA-HUELVAKN14
CITY-ST-ZIP ESPARTINAS SP ☐ Delete

TITLE STD
NAME FIDOLKE, ROBERT
STREET ADDRESS 2502 WALDEN WOOD DR
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE D
NAME ABASCAL, LUIS
STREET ADDRESS CARRETERA SEVILLA-HUELVAKM14
CITY-ST-ZIP ESPARTINAS SP ☐ Delete

TITLE D
NAME PAEZ, LUIS
STREET ADDRESS CARRETERA SEVILLA-HUELVAKM14
CITY-ST-ZIP ESPARTINAS SP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE STD ☒ Change ☐ Addition
NAME FIDDELKE, ROBERT
STREET ADDRESS 2502 WALDEN WOODS DR
CITY-ST-ZIP PLANT CITY, FL 33566

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

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

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

TITLE ☐ Change ☐ 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
 Robert J. Fiddelke

1-17-02

Date

1-800-881-4534

Daytime Phone #

CR2E034 (9/01)