7/10/01-90117-020-\$8.75-\$8.75 PAGE IN

		-				' 7	0100
:200	UNIFORM BUSI	NESS REPO	RT (UBR)				
OOCU . Entity Nar	MENT # POOOO	0076076					
atin se	ERVICES, INC.			And a	FILED		
rincipal Pla	ce of Business	Mailing Address		l .	UG 13 PM		
20 HANLEY WPA FL 33		6628 HANLEY ROAD TAMPA FL 33615		SECRE TALLA	TARY OF S	TATE	
Sutto: Apt		3. Mailing Address Lob. 28 + Suite, Apt. #, otc.	tauley Rd.	. 00	HT NI BTIRW TON C	IS SPACE	
City & Sta	! !	City & State	FL.	4. FEI Number	L7 3 349	• —	opiled For
331	634 Country	33634	Country US A	5. Certificate of Statu		\$8.75 Ad Fee Require	
	8. Name and Address of Current R	egustered Agent	Name	7. Name and Addres	s of New Registers	I Agent	
	TON, CLAUDIA M VLEY ROAD		Street Addres	s (P.O. Box Number is Not	Acceptable)		
AMPA FI							
		•	City		F	Zip C∞	ie
The above	a named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the	•		
NATURE	Signature, typed or printed name of registered agent an	d ut if it applicable. (NOT	E: Reg stere Agent signature requ	red when reinstating)	L D	r.01	
Tax filling	oration is eligible to satisfy its intengible requirement and elects to do sp. r/a on back)	After September 12	III_FEE.IS,\$550.00. 2, 2001 Fee will be \$75 ble to Department of S	io.oo Tast fund	inpaign Financing Contribution.		O May Be
	OFFICERS AND U		12.	ADDITIONS/CHANG			
E Ezardoa ta	PD HOWINGTON, CLAUDIA M 4886 EAGLE COVE DRIVE SOUTH	☐ Delete	HITLE MALME STREET ADDRESS	800	00456 -08/28/01	01066	3U16 §
-ST-Z#	PALM HARBOR FL 34685	Delete	CITY-ST-ZIP		****141.	<u>∠5</u> ****	#141.2(±
ET ADDRESS -ST- DP	HOWINGTON, BILLY M 4886 EAGLE COVE DRIVE SOUTH PALM HARBOR FL 34685		NAME STREET ADDRESS CITY-SI-ZIP			2	
	Train Transcript Order	□ Octota ·	TITLE			☐ Change	Addition
T ADDRESS* ST-2#		* <u> </u>	STREET ADDRESS*	~~~~~~			
		Oelete	BILE .	-	<u> </u>	Change	Addition.
T ADORESS+ ST+}P	ومندوستان تسرسيستان		== -STREET ADDRESS	7		مست منت	
		□ Deleta	TITLE NAME			Change	Addition
223900A T 51-31P			STREET ADDRESS CITY-51-72P		1		
T ADORESS		☐ Delate	TITLE NAME STREET ADDRESS	78	1	Change	☐ Addition
-ST-71P	1 1 1 1 1 1 1		CTTY-S1-DP		<u> </u>		
of the cor	certify that the information supplied with the control of the report of supplemental report is to provide or the receiver or trustee empower, or on an attachment with an address, will be controlled to the receiver of trustee.	rue and accurate and that it rered to execute this report	ry signature shall have the as required by Chapter 6	a same legal effect as if ma	de under oath: that	l am an cliicer	OF GIFBCIDE
GNAT	TURE: BOHLTURE NO THE OR PA	STEPPER CHIRA	ELS CLECTON	مر ن	<u> </u>	13.290-	8554
		'			1		į.

PAGE ZUR

To: Division of Corporations

From: Billy Howington

Latin Services, Inc.

6628 Hanley Rd

Tampa, FL 33634

Date: 07/16/01

Re: Uniform Business Reports - Reference #P00000076076

Dear Sirs/Madams:

Please see the attached. I received your letter and was somewhat confused. I telephoned your Office and was instructed to send this letter.

We did not receive the Uniform Business Report form in January. The attached form is the only one we have received. Our business is new and we did not know that this is filed in January. When I received the attached form, I promptly completed it and returned it to your Office.

Please accept my apology for not knowing the proper procedures. You can write to the above address or call me at 813-290-8554.

Best regards,

Billy Howington

CONFIDERENA