## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| UN  | IFORM BOSINE   | 39 NEPUN                        | <u> </u>           | JPNJ   |                                 | 削料  |   |                              |  |
|---|--|---------------------------------|--------------------|--|---------------------------------|---|---|------------------------------|--|
| DOCUMENT # P0000076076  1. Entity Name LATIN SERVICES, INC.   |  |                                 |                    |  |                                 | 03 OCT 20 AM 10: 0                                      | 1                                       |                              |  |
|   |  |                                 | /                  | VI TUS   | <b>′</b>                        | SECRETIEV OF OTATE                                      |   |                              |  |
| Principal Place of Business Mailing Address 6628 HANLEY ROAD 6628 HANLEY ROAD TAMPA FL 33615 TAMPA FL 33615                 |  |                                 |                    |  |                                 | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA              | t ,                                     |                              |  |
|   |  |                                 |                    |  |                                 |   |   |                              |  |
| Principal Place of Business     3. Mailing Address  |  |                                 |                    |  |                                 |   |   |                              |  |
| z. Fillicipal i   | lace of business   | 3. Mailing Address              | o. Maining Address |  |                                 | DEMOTATES   | ana a                                   | <b>17</b>                    |  |
| Suite, Apt  | #, etc.  | Suite, Apt. #, etc.             |                    |  |                                 | CHECK HERE IF MAKING                                    | CHANGES                                 | <i>O )</i>                   |  |
| City & Sta  | te   | City & State                    |                    |  | 4.                              | FEI Number <b>59-3673349</b>                            |   | oplied For<br>of Applicable  |  |
| Zip   | Country  | Zip Country                     |                    | 5  | Certificate of Status Desired — | \$8.75 Add  | • |                              |  |
| <del></del>   | 6. Name and Address of Current I   | Pagistared Agent                |                    | ·<br>  |                                 | Continuate of Clates Desired                            | Fee Require                             |                              |  |
|   | o. Name and Address of Current i   | registered Agent                |                    | 7. Name and Address of New Registered Agent Name   |                                 |   |   |                              |  |
| HOWINGTON, CLAUDIA M  |  |                                 |                    | Street Address (P.O. Box Number is Not Acceptable) |                                 |   |   |                              |  |
| 6628 HANLEY ROAD  |  |                                 |                    | - Office (1707-DOX.140110-01-18-1401-Acceptable)   |                                 |   |   |                              |  |
| TAMPA FL 33615  |  |                                 |                    |  |                                 |   |   |                              |  |
| •   |  |                                 |                    | City FL Zip Code                                   |                                 |   |   |                              |  |
|   | named entity submits this statement for<br>ions of registered agent.  Signature, typed or printed name of registered agent a |                                 | -                  | ed office or regis . d Agent signature requ        |                                 | gent, or both, in the State of Florida: I am f          |   | and accept                   |  |
| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State |  |                                 |                    |  |                                 | 9. Election Campaign Financing Trust Fund Contribution. |   | <b>0</b> May Be<br>I to Fees |  |
| ىر .10  | OFFICERS AND (   |                                 | 11.                |  | AL                              | DDITIONS/CHANGES TO OFFICERS AND                        |   |                              |  |
| TITLE<br>NAME<br>STREET ADDRESS_<br>CITY-ST-ZIP   | PD<br>HOWINGTON, CLAUDIA M<br>4886 EAGLE COVE DRIVE SOUTI<br>PALM HARBOR FL 34685  | ↓ Delete                        | NAMI<br>STRE       | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP           |                                 | 200023954222<br>10/20/03-01039-002 **150.00             |   |                              |  |
| TITLE   | SD   | ☐ Delete                        | TITLE              |  |                                 |   | ☐ Change                                | Addition                     |  |
| NAME  | HOWINGTON, BILLY M   | ·                               | NAMI               |  |                                 |   |   | i                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 4886 EAGLE COVE DRIVE SOUTI<br>PALM HARBOR FL 34685  | <b>1</b>                        |                    | ET ADDRESS<br>ST-ZIP                               |                                 | , ,   |   | i                            |  |
| TITLE   |  | ☐ Delete                        | TITLE              |  |                                 |   | Change                                  | Addition                     |  |
| NAME :<br>Street address  |  |                                 | `≅≃NAME<br>STRE    | ET ADDRESS   | -                               |   |   |                              |  |
| CITY=ST=ZIP   |  |                                 |                    | ST-ZIP-  | <del></del> .                   | فوريان إمجيدينيات بالربيسة بالمداد والسا                |   |                              |  |
| TITLE   |  | ☐ Delete                        | TITLE              |  |                                 |   | ☐ Change                                | ☐ Addition                   |  |
| NAME  |  |                                 | NAME               | 1  |                                 |   |   |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                 |                    | ST-ZIP   |                                 |   |   | Ì                            |  |
| TITLE   | <del>u</del> .,,   | ☐ Delete                        | TITLE              |  |                                 |   | ☐ Change                                | ☐ Addition                   |  |
| NAME  |  |                                 | NAME               |  |                                 |   | -                                       |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                 |                    | ET ADDRESS<br>ST-ZIP                               |                                 | •   |   |                              |  |
| TITLE   |  | Delete                          | TITLE              |  |                                 |   | ☐ Change                                | Addition                     |  |
| NAME  |  | ∟ Delete                        | NAME               | l  |                                 |   | □ onange                                | ☐ ¥00000011                  |  |
| STREET ADDRESS  |  |                                 |                    | T ADDRESS  |                                 |   |   |                              |  |
| CITY-ST-ZIP   |  |                                 |                    | ST-ZIP   | _                               |   |   |                              |  |
| 12. I hereby o  | certify that the information supplied with t   | his tiling does not qualify for | the exer           | nption stated in t                                 | Section                         | 119.07(3)(i), Florida Statutes. I further cert          | ify that the in                         | formation                    |  |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

727-224-9100

AHaChmeat

# P00000076076

09/10/2003

To: Florida Dept of State

Uniform Business Report Division

From: Billy Howington

Latin Services, Inc. 6628 Hanley Rd Tampa, FL 33634

Dear Sir/Madam,

Please see the attached form and check for \$150. I just came to my attention last night that this form and payment may or may not have been filed. We were both thinking that it had been filed. I called your Office today to confirm that it had not been filed for this year. I apologize.

If you could see it in your heart to accept the \$150 as payment in full, we would greatly appreciate it. My wife and I own this business that services the local Hispanic community in our area. It is a very low profit business as we work with a lot of people that are not as well off as others.

I can be reached at the Latin Services address or by phone at 727-224-9100. Thank you for your time-spent in this matter.

Best regards,

Billy Howington Secretary 10/17/2003

Dear Sir/Madam,

I am in receipt of your letter returning my check for the Uniform Business report. Please see the attached previous letter. I should have expounded more information.

We did not receive the form from you and it was my accountant that called it to my attention. I then got the form and mailed it in with the check for \$150.

Can you please accept this for our payment without penalty?

Thanks for your time spent in this matter.

Best regards,

Billy Howington

Secretary

Latin Services, Inc.