

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098683

1. Entity Name
LOTIS CONSULTING, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90032 048 ***158.75

Principal Place of Business
411 CLEVELAND ST. #277
CLEARWATER FL 33755

Mailing Address
411 CLEVELAND ST. #277
CLEARWATER FL 33755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3678358

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIMCHI, LIOR
411 CLEVELAND ST. #277
CLEARWATER FL 33755

Name: KATHLEEN LETTAU
Street Address (P.O. Box Number is Not Acceptable): 133 GARDEN AVE, N.
City: CLEARWATER FL Zip Code: 33755

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: *Kathleen Lettau*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

1-10-01
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: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: President ☐ Change ☒ Addition
NAME: Lior Kimchi
STREET ADDRESS: 411 Cleveland St. #277, Clearwater FL 33755
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Secretary ☐ Change ☒ Addition
NAME: Lior Kimchi
STREET ADDRESS: 411 Cleveland St. #277 Clearwater FL 33755
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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: *Lior Kimchi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 (727) 455-3940
Date Daytime Phone #

CR2E034 (10/00)