

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90064 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000024920

1. Entity Name
MARYA REYNOLDS LATSON, P.A.

Principal Place of Business
2600 SE LAKE WEIR AVE., STE. A
OCALA FL 34471

Mailing Address
PO BOX 1076
OCALA FL 34478-1076

2. Principal Place of Business
1409 NE 22nd Ave
Suite, Apt. #, etc.
Suite 110

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3707953

Applied For
 Not Applicable

City & State
Ocala, FL

Zip
34470

Country
U.S.

Zip
34470

Country
U.S.

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

LATSON, MARYA REYNOLDS
2600 SE LAKE WEIR AVE., STE. A
OCALA FL 34471

Name

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

1409 NE 22nd Ave, Suite 110

City

Ocala,

FL

Zip Code
34470

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

Marya R. Latson

4-15-2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LATSON, MARYA REYNOLDS
PO BOX 1076
OCALA FL 34478-1076

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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: *Marya R. Latson* **[Marya R. Latson]**

4-15-2002 (352) 622-9835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)