

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90345 013 ***150.00

DOCUMENT # P01000077145

1. Entity Name
LATTITUDE 44, INC.

Principal Place of Business

**2420 HARTRIDGE PT
WINTER HAVEN FL 33881**

Mailing Address

**2420 HARTRIDGE PT
WINTER HAVEN FL 33881**

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

59-3741620

Applied For

Not Applicable

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

**GREGORY, VIVIAN R
2420 HARTRIDGE PT
WINTER HAVEN FL 33881**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Peter McCaffrey	
STREET ADDRESS	2420 Hartridge Pointe	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	1st Vice Pres	<input type="checkbox"/> Delete
NAME	Dave Gregory	
STREET ADDRESS	2420 Hartridge Pointe	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	2nd Vice Pres	<input type="checkbox"/> Delete
NAME	Amy Gregory	
STREET ADDRESS	2420 Hartridge Pointe	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Vivian Gregory	
STREET ADDRESS	2420 Hartridge Pointe	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	David Gregory	
STREET ADDRESS	2420 Hartridge Pointe	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vivian Gregory* **Vivian Gregory** 4-14-02 863 967-9782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)