

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90032 002 ***150.00

DOCUMENT # P01000101615

1. Entity Name
LATESHIFT, INC.



Principal Place of Business
**3456 NW 61ST PLACE
GAINESVILLE FL 32653**

Mailing Address
**3456 NW 61ST PLACE
GAINESVILLE FL 32653**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 13321

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

4. FEI Number

59-3754229

Applied For

Not Applicable

Zip

Country

Zip

Country

32604

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYCO ENTERPRISES, INC.
8406 PANAMA CITY BEACH PRKWY
SUITE L
TAYCO ENTERPRISES, INC. FL 32407**

Name

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

City

FL

Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KOEHLER, CAROL**
STREET ADDRESS **PO BOX 13321**
CITY-ST-ZIP **GAINESVILLE FL 32604**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CAROL KOEHLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 352 3371151

Date

Daytime Phone #

CR2E034 (10/02)