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FILED
Apr 28, 2002 8:00 am
Secretary of State

03-07-2002 90050 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117406

1. Entity Name
LA BELLA VITA, INC.

Principal Place of Business
**256 SCOTLAND ST.
DUNEDIN FL 34698**

Mailing Address
**256 SCOTLAND ST.
DUNEDIN FL 34698**

Suite A



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

02-0562000

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

**SOULLIERE, JAMES
256 SCOTLAND ST.
DUNEDIN FL 34698**

Name

AMY HICKS

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

256 SCOTLAND ST

Suite A

City

DUNEDIN

FL

Zip Code

34698

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: **Amy W. Hicks**

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 & TREASURER** ☐ Delete
NAME **AMY HICKS** ☐ DIRECTOR
STREET ADDRESS **256 SCOTLAND ST. Suite A**
CITY-ST-ZIP **DUNEDIN, FL 34698**

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

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

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: **Amy W. Hicks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 727-734-9192

DATE

Daytime Phone #

CR2E034 (9/01)