

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 037 ***150.00

0045314 AV

DOCUMENT # P02000082607

1. Entity Name
LATTE LIZZY'S, INC.



1

Principal Place of Business
**1416 W TENNESSEE ST STE 1
TALLAHASSEE FL 32304**

Mailing Address
**1416 W TENNESSEE ST STE 1
TALLAHASSEE FL 32304**

2. Principal Place of Business
1444-2 W. Tennessee St.
Suite, Apt. #, etc.

3. Mailing Address
1444-2 W. Tennessee St.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee, FL
Zip
32304
Country
Leon

City & State
Tallahassee, FL
Zip
32304
Country
Leon

4. FEI Number
72-1531676

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GERONIMO, ANTHONY F
1416 W TENNESSEE ST STE 1
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name **Anthony F. Geronimo**
Street Address (P.O. Box Number is Not Acceptable)
1444-2 W. Tennessee St.
City **Tallahassee** FL Zip Code **32304**

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

SIGNATURE **Anthony F. Geronimo** **4/25/03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GERONIMO, ANTHONY F 1416 W TENNESSEE ST STE 1 TALLAHASSEE FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO LYPSON O, LIZABETH A P BX 37217 TALLAHASSEE FL 32315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GERONIMO, ANTHONY F. 1444-2 W. TENNESSEE ST TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 850-212-8663
Date Daytime Phone #

CR2E034 (10/02)