

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 044 ***150.00

DOCUMENT #

1. Entity Name

PO2000090727



LARGO INC - SOUTH

Principal Place of Business

2. Principal Place of Business

4340 N.W. 19th Ave

Suite, Apt. #, etc.

Bay 8 G

City & State

POMPANO BEACH FL

Zip

33064

Country

US

3. Mailing Address

4340 N.W. 19th Ave

Suite, Apt. #, etc.

Bay 8 G

City & State

POMPANO BEACH, FL

Zip

33064

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1126578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN PATA

4340 N.W. 19th Ave Bay 8 G

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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. 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

TITLE	PRES	☐ Delete
NAME	JOHN PATA	
STREET ADDRESS	4340 N.W. 19th Ave	
CITY - ST - ZIP		
TITLE	Bay 8 G	☐ Delete
NAME	POMPANO BEACH FL 33064	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

John Pata

JOHN PATA

4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed