

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90061 038 ***150.00

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DOCUMENT # P02000134857

1. Entity Name
LEMPIRA TRANSP, INC



Principal Place of Business
9011 CALLE ALTA CT
NEWPORT RICHEY FL 34655

Mailing Address
9011 CALLE ALTA CT
NEWPORT RICHEY FL 34655



2. Principal Place of Business
9011 Calle Alta Ct
Suite, Apt. #, etc.

3. Mailing Address
9011 Calle Alta Ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
New Port Richey FL

City & State
New Port Richey FL

Zip
34655

Country
U

Zip
34655

Country

4. FEI Number
30-0109562

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VILLA, HILDA
9011 CALLE ALTA CT
NEWPORT RICHEY FL 34655

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 *Hilda Villa* **07-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLA, HILDA 9011 CALLE ALTA CT NEWPORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Hilda Villa* **07-29-03** **427-919-1569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

My name is Hilda Villa Attachment
President of Lempira Transp Inc
I just send \$150.00 because I not
Receive this form on time
I was call at 850 area number and
talk with Doug and he say
I just need send the --\$150.00
If I do something wrong Please
call me at 727-919-1569 Tank you

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#P02000134857