

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90224 042 ***150.00

DOCUMENT # P93000053774

1. Entity Name

ACOSTA'S LEATHER OF WEST FLORIDA, INC.



Principal Place of Business

**9041 ALFRED BLVD
PUNTA GORDA FL 33982-2354
US**

Mailing Address

**POB OX 51004
PUNTA GORDA FL 33961-0024
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0430577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZETTERLUND, VICKY B
5843 PINELANE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name
Zetterlund, Nicky B.
Street Address (P.O. Box Number is Not Acceptable)
9041 ALFRED BLVD.
City **Punta Gorda,** FL Zip Code **33982-2354**

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	DS	<input type="checkbox"/> Delete
NAME	ZETTERLUND, VICKY B	
STREET ADDRESS	6064 GOLF COURSE BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZETTERLUND, STEVEN T	
STREET ADDRESS	6064 GOLF COURSE BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zetterlund, Nicky B.	address
STREET ADDRESS	9041 ALFRED BLVD.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33982-2354	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zetterlund, STEVEN T.	address
STREET ADDRESS	9041 ALFRED BLVD.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33982-2354	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

VICKY B. ZETTERLUND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

941-575-7000

Daytime Phone #

CR2E034 (10/02)