

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90004 011 ***150.00

DOCUMENT # **P94000020638**

1. Entity Name

David L. Lott, Inc.

Principal Place of Business

Mailing Address

5030 Pierce Street
Hollywood, FL 33021

same

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

65-0476800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0075790

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lott, David L.
5030 Pierce Street
Hollywood, FL 33021

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.

SIGNATURE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LOTT, DAVID L. 5030 Pierce Street Hollywood, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V5 LOTT, DIANNE 5030 Pierce Street Hollywood, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/01

Date

954-432-1099

Daytime Phone #

CR2E034 (11/00)

Attachment Doc # P94000020638 A0075290

Lance P. Mirrer, CPA, P.A.
Certified Public Accountants & Financial Consultants
PO Box 260879
Pembroke Pines, FL 33026
(954) 432-1099 / FAX (954) 443-6123
E-mail: cpa@taxmancpa.com

June 25, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302-1500

Re: David L. Lott, Inc
Doc # P94000020638

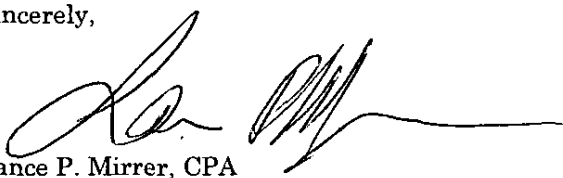
Dear Madam or Sir:

Enclosed are properly completed & executed 2001 Uniform Business Report and payment for the above corporation. On behalf of this corporation, I request you to abate the late filing penalty due to reasonable cause.

This corporation **never** received their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

Please call if you need any further information or clarification on this matter.

Sincerely,


Lance P. Mirrer, CPA

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED #

2847 019 080