

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 035 ***150.00

DOCUMENT # P94000052103

1. Entity Name

SUZ LETZIG & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1121 M MILLS AVE
 ORLANDO FL 32803
 US

PO BOX 533010
 ORLANDO FL 32853-3010
 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 **59-3255294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LETZIG, SUZ V
4301 KASPER DRIVE
ORLANDO FL 32806

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 Suz Letzig, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

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	PS LETZIG, V SUZ 4301 KASPER DR ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LETZIG, BETTY J 235 E 22ND ST APT 1U NEW YORK NY	<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

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"/> 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suz Letzig President

April 30, 2001

407:896-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

For # 794 000052 103 Attachment:
Suz Letzig + Associates, Inc A0075416

THE FRAMER'S SOURCE 1121 N. MILLS AVE., ORLANDO, FL 32803 P.O. BOX 533010, ORLANDO, FL 32853-3010		4364 FIRST UNION NATIONAL BANK OF FLORIDA ORLANDO, FL 63-751637	
PAY TO THE ORDER OF Florida Department of Revenue		\$ 150.00 4/30/01	
MEMO Fed ID #53-1255294		One Hundred Fifty and 00/100 *****	
Florida Department of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399-0125		DOLLARS	
MEMO Fed ID #53-1255294		004364 1075431 209000 228404	
SECURITY FEATURES INCLUDED. DETAILS ON BACK.			