

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90131 017 ***150.00

DOCUMENT # P94000067004

1. Entity Name
LUCCA HOLDINGS FLORIDA, INC.



Principal Place of Business
**3927 YELLOW FINCH LANE
SUITE 230
LUTZ FL 33549
US**

Mailing Address
**3959 VAN DYKE ROAD
SUITE #392
LUTZ FL 33549
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3266936**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACOBSON, RICHARD A
501 E KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

Name
MANUEL A. DURAND
Street Address (R.O. Box Number is Not Acceptable)
3927 Yellow Finch Ln.
City **LUTZ** FL Zip Code **33558**

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

Manuel A. Durand
MANUEL A. DURAND, President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DURAND, MANUAL A**
CITY-ST-ZIP **3927 YELLOW FINCH LANE
LUTZ FL 33549**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Manuel A. Durand
MANUEL A. DURAND, President

Date

Daytime Phone #

1/5/2003 (813) 908-0394

CR2E034 (10/02)