

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90048 009 ***150.00

DOCUMENT # P95000018375

1. Entity Name

LOUIE LOTT HOME BUILDER, INC.

Principal Place of Business

**5287 WEST HOMOSASSA TRAIL
 LECANTO FL 34461**

Mailing Address

**C/O 339 6TH AVE. WEST
 BRADENTON FL 34205
 US**

2. Principal Place of Business

3. Mailing Address

5287 West Homosassa Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LECANTO FL

Zip

Country

Zip

Country

34461

4. FEI Number

59-3300960

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

**AMERICAN ACCOUNTING SERVICE, INC.
 339 6TH AVENUE WEST
 BRADENTON FL 34205**

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 **D** ☐ Delete
 NAME **LOTT, LOUIS M**
 STREET ADDRESS **5287 WEST HOMOSASSA TRAIL**
 CITY-ST-ZIP **LECANTO FL 34461**

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

TITLE **D** ☐ Delete
 NAME **LOTT, CLAIRE M**
 STREET ADDRESS **5287 WEST HOMOSASSA TRAIL**
 CITY-ST-ZIP **LECANTO FL 34461**

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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/01

Date

Daytime Phone #

**(352)
 628-1767**

CR2E034 (10/00)