

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90150 011 ***550.00

DOCUMENT # P96000027072

1. Entity Name
LETA & COMPANY, INC.

Principal Place of Business Mailing Address
2000 ST. JOHNS AVE. 2000 ST. JOHNS AVE.
PALATKA FL 32177 PALATKA FL 32177-4343

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 **59-3377605** 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

CLARK, LETA P
2000 ST. JOHNS AVE.
PALATKA FL 32177

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

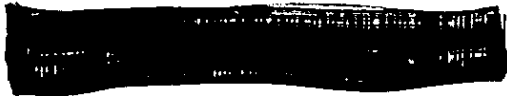
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPST	CLARK, LETA P		
2000 ST. JOHNS AVE.			
PALATKA FL 32177			

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: *Leta P. Clark Pres.* **LETA P. CLARK PRES.**
 Date: **6-5-00** Daytime Phone #: **904-325-2672**

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

Leta and Company, Inc.

Doc# F96000027072

BO103922

Hair and Nail Designers
Accessories Studio

Leta Clark

6-5-00

Dear Sir / Madam,

Enclosed is the business report and fee for Leta and Co Inc. Please accept it without penalty because it was accidentally overlooked by my C.P.A.'s office. We have been busy trying to set up a "SIMPLE" investment plan for our employees and my business report got mixed into these papers. The corporations has not been formed long enough for me to learn all my responsibilities and I must rely on others.

I still have confidence in my CPA and his staff, this is just an oversight.

Thank you for understanding

Sincerely
Leta P. Clark