

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044699

1. Entity Name

LANTANA HOLDINGS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90003 004 ***150.00

Principal Place of Business

1438 WEST LANTANA ROAD NO 4198
LANTANA FL 33462

Mailing Address

1438 WEST LANTANA ROAD NO 4198
LANTANA FL 33462-1536

2. Principal Place of Business

20 MARLWOOD LN.

Suite, Apt. #, etc.

3. Mailing Address

20 MARLWOOD LN.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

P.B.G. FLA

City & State

PBG FL

4. FEI Number

65-0763862

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

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

MAY, MARK R

1438 WEST LANTANA ROAD NO 4198
LANTANA FL 33462

Name

MAY, MARK

Street Address (P.O. Box Number is Not Acceptable)

20 MARLWOOD LN

City

PBG FL

FL

Zip Code

33418

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

Mark May

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-00

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS MAY, MARK R
CITY-ST-ZIP 1438 WEST LANTANA ROAD NO 4198
LANTANA FL 33462

TITLE ☒ Change ☐ Addition
NAME MAY, MARK
STREET ADDRESS 20 MARLWOOD LN.
CITY-ST-ZIP P.B.G. FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mark May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

561-627-7517

Daytime Phone #

CR2E034 (9/99)