

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90008 017 ***150.00

DOCUMENT # P97000012266

1. Entity Name

Lexton Albritton Enterprises, Inc. (CA)

Principal Place of Business

Mailing Address

2. Principal Place of Business

SEBRING, FL.

Suite, Apt. #, etc.

3. Mailing Address

2608 EMERSON AVE

Suite, Apt. #, etc.

A0074983

DO NOT WRITE IN THIS SPACE

City & State
SEBRING, FL

City & State
SEBRING FL

4. FEI Number

650723706

Applied For

Not Applicable

Zip
33870

Country
HIGHLANDS

Zip
33870

Country
U.S.A.

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

Name

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

City

FL

Zip Code

*LEXTON H. ALBRITTON
 2608 EMERSON AVE.
 SEBRING, FL- 33870*

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

Alma A Albritton

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

(NOTE: Registered Agent signature required when reinstating)

June 15, 01

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
*PRESIDENT
 LEXTON H. ALBRITTON
 2608 EMERSON AVE
 SEBRING, FL. 33870* ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*SEC/TREASURER
 ALMA A. ALBRITTON
 2608 EMERSON AVE
 SEBRING, FL. 33870* ☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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:

Alma A Albritton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 01 863 385 8240

Date

Daytime Phone #

CR2E034 (11/00)

Attachment

~~#~~ P97000012264

Ann 983

Re:

CORP # P97000012264

TO WHOM IT MAY CONCERN,

DUE TO MUCH TRAVELLING & ADDRESS
CHANGES, WE DID NOT RECEIVE OUR
ANNUAL REPORT. HOWEVER WE WANT
TO PAY THE FEE & REQUEST FOR
AN ANNUAL REPORT TO FILE.

OUR ADDRESS TO MAIL IS:

C/O ANN DANSKIN

LEXTON ALBRITTON ENT, INC

11710 N. BLVD.

TAMPA, FL 33612

THANK YOU,

Alma A Albritton
Sec/Treasurer



Attachment
A0004983

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 18, 2001

LEXTON ALBRITTON ENTERPRISES, INCORPORATED
C/O ANN DANSKIN
11710 N. BLVD.
TAMPA, FL 33612

SUBJECT: LEXTON ALBRITTON ENTERPRISES, INCORPORATED
Ref. Number: P97000012266

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 101A00030577

MAIL WAS FORWARDED BY
RELATIVE AND RECEIVED ON
JUNE 11, 01.