

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032527

1. Entity Name

LETTER PERFECT OF TAMPA BAY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90064 046 ***150.00

Principal Place of Business

Mailing Address

13629-65TH STREET NORTH
 LARGO FL 33771

13629-65TH STREET NORTH
 LARGO FL 33779-2592

2. Principal Place of Business

13627 65th ST. N.

3. Mailing Address

PO Box 2592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

59-3438872

Applied For

Not Applicable

Zip

Country

33771

Zip

Country

33779

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

DRUM, HILARY

13629-65TH STREET NORTH
 LARGO FL 33771

Name

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

13627 65th ST. N.

City

LARGO

FL

Zip Code

33771

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, 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 DRUM, HILARY
 CITY-ST-ZIP 13629-65TH STREET NORTH
 LARGO FL 33771

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 13627 65th ST. N.
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/00

(929) 530-7076

CR2E034 (9/99)