

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90001 031 \*\*\*150.00

0121523 AT

**DOCUMENT # P97000045652**

1. Entity Name  
**LAPECO CORPORATION**

Principal Place of Business  
**FREDERICK C THACHER CPA PA**  
**9750 SEMINOLE BLVD -STE 1**  
**SEMINOLE FL 33772**  
**US**

Mailing Address  
**6121 BAHIA DEL MAR BLVD**  
**ST PETERSBURG FL 33715**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3449527**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**THACHER, FREDERICK CPA**  
**9750 SEMINOLE BLVD.**  
**SUITE 1**  
**SEMINOLE FL 33772**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>KRYSTEK, ZYGMUNT</b> <b>6121 BAHIA DEL MAR BLVD.</b> <b>ST PETERSBURG FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRYSTEK, REGINA</b> <b>6121 BAHIA DEL MAR BLVD.</b> <b>ST PETERSBURG FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (5/01)

Attachment Doc # 17000045652 170081120  
**Frederick C. Thacher, CPA, PA**  
**Certified Public Accountant**

9750 Seminole Boulevard, Suite #1  
Seminole, Florida, 33772  
Phone: (727) 391-4801  
Fax: (727) 398-7836

Member: Florida Institute of Certified  
Public Accountants  
American Institute of Certified  
Public Accountants

August 1, 2001

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: LaPeco Corporation  
FID #: 59-3449527  
Tax year: 2001

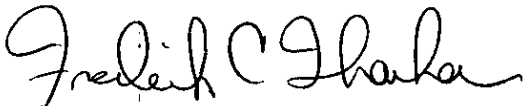
Dear Representative,

Enclosed please find a duplicate copy of the corporate annual report for LaPeco Corporation. The company had sent check #1388 in the amount of \$150.00 on April 26, 2001 to pay the fee on time (by May 1). Unfortunately, the form and check apparently got lost in the mail. Regina Krystek, President of LaPeco Corporation, called your office upon receiving the reminder notice to determine what happened. She was told that neither the form nor the check had been received by your office and to send the form again with another check.

Enclosed please also find a check in the amount of \$150.00. As the original report and check were lost, we ask that you please wave any interest or penalties and accept this check as payment in full.

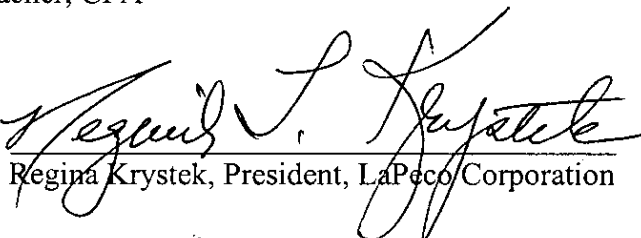
If you have any questions, please do not hesitate to call us.

Sincerely,



Frederick C. Thacher, CPA

Acknowledged:



Regina Krystek, President, LaPeco Corporation