

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007567

1. Entity Name

LATH MASTERS INC.

Principal Place of Business

13826 FLORIDA AVE.
ASTATULA FL 34705

Mailing Address

13826 FLORIDA AVE.
ASTATULA FL 34705

2. Principal Place of Business

315 E Atwater St
Suite, Apt. #, etc.

3. Mailing Address

315 E Atwater St
Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

Zip

32726

Country

LAKE

Zip

32726

Country

LAKE

4. FEI Number

59-3489105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, MICHAEL
13826 FLORIDA AVE.
ASTATULA FL 34705

7. Name and Address of New Registered Agent

Name

MICHAEL PARKS

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

315 E Atwater St

City

EUSTIS

FL

Zip Code

32726

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 date 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, 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

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PARKS, MICHAEL | |
| STREET ADDRESS | 13826 FLORIDA AVE | |
| CITY-ST-ZIP | ASTATORA FL 34705 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | Pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL PARKS | |
| STREET ADDRESS | 315 E ATWATER ST | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)

Michael W Parks

2-28-01

Date

352-267-5730

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90065 033 ***150.00

00037286



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)