

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000047180**

1. Entity Name **RONALD LATRONICK, INC**

FILED

01 APR 30 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1647 SUN CITY PLAZA
SUN CITY CENTER, FL 33573**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3227452** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RONALD LATRONICK
1647 SUN CITY PLAZA
SUN CITY CENTER, FL 33573**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
988884221119-4
-05/16/01--01130--005
City ******150. PL ****150.00**

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!!
After MAY 1, 2001
Fee IS \$150.00
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** **RONALD LATRONICK** ☐ Delete
NAME
STREET ADDRESS **1647 SUNCITY PLAZA**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **S** **DEBRA L. LATRONICK** ☐ Delete
NAME
STREET ADDRESS **1647 SUN CITY PLAZA**
CITY-ST-ZIP **SUN CITY CENTER FL. 33573**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information is changed, or on an attachment with an address with all other like empowered

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.01

Date

813.6333332

Daytime Phone #

CR2E034 (11/00)