

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015564

1. Entity Name
LATHROP ENTERPRISES, INC.

Principal Place of Business
1140 S. ORLANDO AVE. STE. H-14
MAITLAND FL 32751

Mailing Address
1140 S. ORLANDO AVE. STE. H-14
MAITLAND FL 32751

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LATHROP, JOSEPH A
1140 S. ORLANDO AVE. STE. H-14
MAITLAND FL 32751

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)

(NOT: 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, 2011 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 D Delete
NAME LATHROP, JOSEPH A
STREET ADDRESS 1140 S. ORLANDO AVE. STE. H-14
CITY-ST-ZIP MAITLAND FL 32751

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

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 or empowered to execute this report or an attachment with an address, with all other like empowered

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 or empowered to execute this report or an attachment with an address, with all other like empowered

SIGNATURE:

Joseph A. Lathrop

01/01 407-599-1923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3566841** Applied For
 Not Applicable

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

CR2E034 (10/00)