

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90042 007 ***150.00

DOCUMENT # P99000023150

1. Entity Name

LAPENTOLA, INC.

Principal Place of Business

Mailing Address

835 S. PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

835 S. PONCE DE LEON BLVD
ST AUGUSTINE FL 32086-4219

C0017694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-3560695

Applied F

Not App

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

HALL, CHARLES E JR
25 OLD MISSION AVENUE
ST AUGUSTINE FL 32084

Name

CHARLES E. HALL

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

77 PALMERIA ST

City

ST. AUGUSTINE FL

Zip Code

32084

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
TALAVERA, MANUEL JORGE
STREET ADDRESS
XIX TALAVERA COURT
CITY-ST-ZIP
ST AUGUSTINE FL 32086

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
835 South Ponce De Leon Blvd.
St. Augustine, FL 32086

☒ Change ☐

TITLE
NAME
D
TALAVERA, SUSAN J
STREET ADDRESS
XIX TALAVERA COURT
CITY-ST-ZIP
ST AUGUSTINE FL 32086

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
835 South Ponce De Leon Blvd.
St. Augustine, FL 32086

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☐ Change ☐

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 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 #

1/30/00

904 824-3