

2000 UNIFORM BUSINESS REPORT (UBR)

57.

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-24-2000 90088 021 ***150.00

DOCUMENT # P99000083019

1. Entity Name

LETA LETIZE, INC.

Principal Place of Business

Mailing Address

33 NO. GARDEN AVENUE
 #910
 CLEARWATER FL 33755

33 NO. GARDEN AVENUE
 #910
 CLEARWATER FL 33755-6801

2. Principal Place of Business

2635 McCORMICK DRIVE

3. Mailing Address

2635 McCORMICK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

33759

33759

4. FEI Number

592104400

Applied For...

Not Applicable

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

LETIZE, LETA

33 NO. GARDEN AVENUE

#910

CLEARWATER FL 33755

Name

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

2635 McCORMICK DRIVE

Suite 102

City

CLEARWATER

FL

Zip Code

33759

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LETIZE, LETA
 33 NO. GARDEN AVENUE #910
 CLEARWATER FL 33755 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2635 McCORMICK DRIVE
 Suite 102
 CLEARWATER FL 33759 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

Letize, Leta President/Director

4-26-00

127-443-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)