

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083019

1. Entity Name

LETA LETIZE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90178 005 ***150.00

Principal Place of Business

2635 MCCORMICK DRIVE
 SUITE 102
 CLEARWATER FL 33759

Mailing Address

2635 MCCORMICK DRIVE
 SUITE 102
 CLEARWATER FL 33759

2. Principal Place of Business

3. Mailing Address

1721 Anglers Court
 Suite, Apt. #, etc.

City & State

Safety Harbor FL
 Zip 34695 Country USA

City & State

Safety Harbor FL
 Zip 34695 Country USA

4. FEI Number 59-2104400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETIZE, LETA
 2635 MCCORMICK DRIVE
 SUITE 102
 CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name: Leta Letize
 Street Address (P.O. Box Number is Not Acceptable)
 1721 Anglers Court
 City: Safety Harbor FL Zip Code 34695

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: *Leta Letize*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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: D
 NAME: LETIZE, LETA
 STREET ADDRESS: 2635 MCCORMICK DRIVE
 CITY-ST-ZIP: CLEARWATER FL 33759 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: 1721 Anglers Court
 CITY-ST-ZIP: Safety Harbor FL 34695

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

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

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

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

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leta Letize

Date

4-26-01

Daytime Phone #

727-725-4034

CR2E034 (10/00)