

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105334

1. Entity Name

LATASHA & TALESIA CATERING SERVICES, INC.

Principal Place of Business

801 W. BAY ST.
BARNETT INC
JACKSONVILLE FL 32214

Mailing Address

7900-20 103RD ST., #28
JACKSONVILLE FL 32210

2. Principal Place of Business

801 W Bay

Suite, Apt. #, etc.

Barnett INC

City & State

Jacksonville FL

Zip

32214

Country

Duval

3. Mailing Address

7900-20 103rd St

Suite, Apt. #, etc.

28

City & State

Jacksonville FL

Zip

32210

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3604401

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DONNA
6062 TOYOTA DR
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name DONNA Allen

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

6062 Toyota Dr

City

Jacksonville

FL

Zip Code

32244

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

DONNA Allen Co-owner

S-1-01

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, 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 | PO | <input type="checkbox"/> Delete |
| NAME | ALLEN, BERNIE D | |
| STREET ADDRESS | 6062 TOYOTA DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | SCO | <input type="checkbox"/> Delete |
| NAME | ALLEN, DONNA D | |
| STREET ADDRESS | 6062 TOYOTA DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Quindale Allen | |
| STREET ADDRESS | 6062 Toyota Dr | |
| CITY-ST-ZIP | Jacksonville, FL 32244 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

S-1-01

Daytime Phone #

904 377 0324

CR2E034 (10/00)