

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90299 011 \*\*\*150.00

**DOCUMENT # S36433**

1. Entity Name

**TRADITIONAL CONCEPTS OF FLORIDA, INC.**

Principal Place of Business

**315 E OLYMPIA AVE  
PUNTA GORDA FL 33950**

Mailing Address

**315 E OLYMPIA AVE  
PUNTA GORDA FL 33950**

2. Principal Place of Business

**645 Charlotte Street**

3. Mailing Address

**645 Charlotte Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Punta Gorda, Florida**

City & State

**Punta Gorda, Florida**

Zip

**33950**

Country

**USA**

Zip

**33950**

Country

**USA**

4. FEI Number

**65-0253945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, PETER  
315 E OLYMPIA AVE  
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **Taylor, Peter**  
Street Address (P.O. Box Number is Not Acceptable)  
**645 Charlotte Street**  
City **Punta Gorda** FL **33950**

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, 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	PD	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, PETER</b>	
STREET ADDRESS	<b>315 E OLYMPIA AVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LOBO, VALERIE</b>	
STREET ADDRESS	<b>315 E OLYMPIA AVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	<b>LO RICCO, CARLO J</b>	
STREET ADDRESS	<b>315 E OLYMPIA AVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Taylor, Peter</b>	
STREET ADDRESS	<b>645 Charlotte Street</b>	
CITY-ST-ZIP	<b>Punta Gorda, Florida 33950</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lobo, Valerie</b>	
STREET ADDRESS	<b>645 Charlotte Street</b>	
CITY-ST-ZIP	<b>Punta Gorda, Florida 33950</b>	
TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lo Ricco, Carlo J.</b>	
STREET ADDRESS	<b>645 Charlotte Street</b>	
CITY-ST-ZIP	<b>Punta Gorda, Florida 33950</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)