

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S68018**

1. Entity Name

LTA PRODUCTS, INC.**FILED**
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90022 028 ***150.00

Principal Place of Business

Mailing Address

605 S MARKET AVE
FORT PIERCE FL 34982
US605 S MARKET AVE
FORT PIERCE FL 34982-8216
US

2. Principal Place of Business

3. Mailing Address

603 S. Market Ave.
Suite, Apt. #, etc.603 S. Market Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Pierce, FLCity & State
Ft. Pierce, FL

4. FEI Number 65-0278429

Applied For

Not Applicable

Zip Country
34982 St. LucieZip Country
34982 St. Lucie5. 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

LANTIS, DALE O.
603 S. MARKET AVE
FORT PIERCE FL 34982Name
Jeanette S. Conklin
Street Address (P.O. Box Number is Not Acceptable)
603 S. Market Ave.
City
Ft. Pierce FL Zip Code
34982

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 State10. 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	PD LANTIS, DALE O. 603 S. MARKET AVE FT. PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOLBERT, GEORGE W. 2304 N. 45TH STREET FT. PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Conklin, Jeanette S. 603 S. Market Ave. Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Conklin, Kendall M 603 S. Market Ave. Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E014 (9/99)