

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90468 025 ***150.00

DOCUMENT # S68018

1. Entity Name
LTA PRODUCTS, INC.



Principal Place of Business
**603 S MARKET AVE
FORT PIERCE FL 34982
US**

Mailing Address
**603 S MARKET AVE
FORT PIERCE FL 34982
US**



2. Principal Place of Business
524 S. Market Ave.

3. Mailing Address
524 S. Market Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Pierce, FL

City & State
Ft. Pierce, FL

Zip
34982

Country
St. Lucie

Zip
34982

Country
St. Lucie

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0278429**

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

**LANTIS, DALE O
603 S. MARKET AVE
FORT PIERCE FL 34982**

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
524 S. Market Ave.

City
Same

FL

Zip Code
Same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONKLIN, JEANETTE S
603 S MARKET AVE
FORT PIERCE FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Same
524 S. Market Ave.
Same** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CONKLIN, KENDALL M
603 S MARKET AVE
FORT PIERCE FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Same
524 S. Market Ave.
Same** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LANTIS, DALE O
603 S MARKET AVE
FORT PIERCE FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Same
524 S. Market Ave.
Same** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LANTIS, MARGARET E
603 MARKET AVE
FORT PIERCE FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Same
524 S. Market Ave.
Same** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-24-03 772-465-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)