

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90436 001 ***150.00
 04-24-2002 90436 002 *****8.75

DOCUMENT # V38797

1. Entity Name
LA BONITA OLE, INC.

Principal Place of Business

**3102 N. HABANA AVENUE
 SUITE 301
 TAMPA FL 33607
 US**

Mailing Address

**3102 NORTH HABANA AVENUE
 SUITE 301
 TAMPA FL 33607
 US**

2. Principal Place of Business

100 S. Edison Avenue

3. Mailing Address

100 S. Edison Avenue

Suite, Apt. #, etc.

Ste. D

Suite, Apt. #, etc.

Ste. D.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

US

Zip

33606

Country

US

4. FEI Number

59-3126632

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, TAMMY M.
 1706 S HABANA AVE
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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	V	<input checked="" type="checkbox"/> Delete
NAME	LANE, MARTHA E.	
STREET ADDRESS	3102 N. HABANA AVENUE SUIT E301	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SADLER, JACK	
STREET ADDRESS	4757 SWEET MEADOW CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	CPTS	<input type="checkbox"/> Delete
NAME	YOUNG, TAMMY M	
STREET ADDRESS	1706 S HABANA AVE	
CITY-ST-ZIP	TAMPA FL 33629	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARTHA E.	
STREET ADDRESS	100 S. Edison Ave., Ste. D	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Argeros, John	
STREET ADDRESS	4409 50th Drive West	
CITY-ST-ZIP	BRADENTON, FL 34210	
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:

Tammy M. Young, Tammy M. Young, President + CEO 04/02/02 813-254-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)