

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90039 022 ***150.00

00070400

DO NOT WRITE IN THIS SPACE

DOCUMENT # F37785
1. Entity Name
 A. AND R. LARSON, INC. R

Principal Place of Business % Richard Larson 4740 Tortoise Shell Dr. Boca Raton, FL 33487-2147	Mailing Address % Richard Larson 4740 Tortoise Shell Dr. Boca Raton, FL 33487-2147
--	--

2. Principal Place of Business 4740 Tortoise Shell Dr. Suite, Apt. #, etc.	3. Mailing Address 4740 Tortoise Shell Dr. Suite, Apt. #, etc.
City & State Boca Raton, FL 33487-2147	City & State Boca Raton, FL 33487-2147
Zip 33487-2147	Country USA
Zip 33487-2147	Country USA

4. FEI Number 59-2100547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Richard Larson 4740 Tortoise Shell Dr. Boca Raton, FL 33487-2147	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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 Larson, Richard 4740 Tortoise Shell Dr. Boca Raton, FL 33487-2147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Larson, Yvonne 4740 Tortoise Shell Dr. Boca Raton, FL 33487-2147	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Richard Larson *Richard Larson* x 7-27-00 561-994-2250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Dale J. Correll, E.A.

Accountant

*Enrolled to Practice
before the
Internal Revenue Service*

P.O. Box 273309
Boca Raton, FL 33427-3309
Telephone (561) 392-3899
Fax (561) 347-8781

July 24, 2000

Secretary of State of Florida
Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: A & R Larson, Inc.
2000 Uniform Business Report

Dear Sir:

This Corporation did not receive a preprinted reporting Form for the year 2000 nor a subsequent notice from the Department advising of the non-filing.

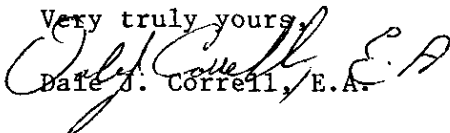
The problem arose because the undersigned made an error in preparing the year 1999 report in that the Corporation's new mailing address was not properly shown.

The Corporation's new Principal Place of Business was shown, however, instead of showing its new mailing address by filling in the blank space with the new address, the word "same" was shown. Thus, apparently the year 2000 forms were sent to the old address.

We respectfully request that the \$400.00 late fee be waived in this instance and that the enclosed document be accepted for filing.

Enclosed is the Corporation's check for \$150.00 in payment of the year 2000 fees.

Very truly yours,


Dale J. Correll, E.A.

Enclosure

cc: Mr. Richard Larson