

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0524419 AV

**DOCUMENT # H44812**

1. Entity Name  
**LASER BLADES, INC.**

02-11-2002 90089 049 \*\*\*150.00

Principal Place of Business      Mailing Address  
**% THOMAS P. JOHANNING**      **% THOMAS P. JOHANNING**  
**1735 APEX ROAD**      **1735 APEX ROAD**  
**SARASOTA FL 34240**      **SARASOTA FL 34240**

*Handwritten initials*



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |                                       |
|--------------------------------|---------|---------------------|---------|----------------------------------|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | <b>59-2523817</b>                | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired | <b>\$8.75 Additional Fee Required</b> |
| Zip                            | Country | Zip                 | Country | <input type="checkbox"/>         |                                       |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent                                  |  | 7. Name and Address of New Registered Agent   |  |
| <b>JOHANNING, THOMAS P.</b><br><b>1735 APEX ROAD</b><br><b>SARASOTA FL 34240</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>JOHANNING, THOMAS P.</b><br><b>6407 JACKIE LYNN CT.</b><br><b>SARASOTA FL</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>JOHANNING, BARBARA J</b><br><b>6407 JACKIE LYNN CT</b><br><b>SARASOTA FL 34241</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DAVENPORT, JACQUELINE C</b><br><b>2420 SEATTLE SLEW DR</b><br><b>SARASOTA FL 34240</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>JOHANNING, THOMAS M</b><br><b>6407 JACKIE LYNN CT</b><br><b>SARASOTA FL 34241</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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]*      **1/24/02**      **941-371-2104**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)