

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90251 028 \*\*\*150.00

0581140 AV

**DOCUMENT # P00000016241**

1. Entity Name  
**CARLTON LASER TECHNOLOGIES, INC.**



Principal Place of Business  
**20 PINE LAKE DRIVE  
OLDSMAR FL 34677**

Mailing Address  
**20 PINE LAKE DRIVE  
OLDSMAR FL 34677**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2594204**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent.**

**MARSHNER, RICHARD**  
**20 PINE LAKE DRIVE**  
**OLDSMAR FL 34677**

**7. Name and Address of New Registered Agent.**

Name **KEN VANDERWIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**5955 30TH AVE. SOUTH**

**SUITE # 102**

City **GULFPORT** FL Zip Code **33707**

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 *K. C. Vander Wiel* (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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WIEL, KEN VANDER</b>
STREET ADDRESS	<b>5955 30TH AVE. SOUTH, #102</b>
CITY-ST-ZIP	<b>GULF PORT FL 33707</b>
TITLE	<b>VPST</b> <input type="checkbox"/> Delete
NAME	<b>MARSHNER, RICHARD</b>
STREET ADDRESS	<b>20 PINE LAKE DR.</b>
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *K. C. Vander Wiel* **REGISTERED** **4/21/03 (727) 345-2702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)