

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90037 009 ***150.00

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DO NOT WRITE IN THIS SPACE

| | | | |
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| DOCUMENT # P00000106685 | | | |
| 1. Entity Name LACOSTE ELECTRIC COMPANY, INC. | | | |
| Principal Place of Business 2810 COPTER RD. PENSACOLA FL 32514 | | Mailing Address 2810 COPTER RD. PENSACOLA FL 32514 | |
| 2. Principal Place of Business 4670 Woodbine Rd. Suite, Apt. #, etc. | | 3. Mailing Address 4474 Woodbine Rd. #3 Ste 9 Suite, Apt. #, etc. | |
| City & State Pace, FL 32571 | | City & State Pace, FL 32571 | |
| Zip | Country Santa Rosa | Zip | Country Santa Rosa |
| 4. FEI Number 59-3683280 | | 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 LACOSTE, S. SCOTT 2817 TEN MILE RD. PACE FL 32571 | | 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 <u><i>S. Scott LaCoste</i></u> S. Scott LaCoste, President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 | D LACOSTE, S. SCOTT 2817 TEN MILE RD. PACE FL 32571 <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 | D LACOSTE, L.M. JR 5040 POTOMAC DR. PACE FL 32571 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>S. Scott LaCoste</i></u> | | S. Scott LaCoste /President | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034 (10/00)