2002 UNIFORM BUSINESS REPORT (UBR)

P01000026932 DOCUMENT

1. Entity Name

LAUKENS HOLDINGS, INC.

Principal Place of Business 8540 WEST GULF BLVD. TREASURE ISLAND FL 33706 Mailing Address

8540 WEST CULF BLVD. TREASURE ISLAND-FL 33706.

2. Principal Place of Business 3. Mailing Address 8640 SSTUNOLF Suite, Apt. #, etc.

FILED Jun 10, 2002 8:00 am Secretary of State

06-10-2002 90473 001 ***300.00

3414V -



DO NOT WRITE IN THIS SPACE

ound, ripit ii, o						
City & State		City & State			4. FEI Number	Applied For
		STRINGLE	. FL		01-0700674	Not Applicable
Zip	Country	3377L	Country			75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
HOEGEDA DI	TEO T			Name		

HOFSTRA, PETER I 8640. SEMINOLE. BLVD. SEMINOLE FL 33772

SIGNATURE

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

Zip Code City FL

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE LAUKENS, KARL-HEINZ NAME NAME STREET ADDRESS STREET ADDRESS 8540 WEST GULF BLVD. CITY-ST-ZIP TREASURE ISLAND FL 33706 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trusted 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: