

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27378

1. Entity Name

LASER INSTITUTE OF AMERICA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90037 011 ****70.00

Principal Place of Business

Mailing Address

12424 RESEARCH PARKWAY
SUITE 125
ORLANDO FL 32826
US

12424 RESEARCH PARKWAY
SUITE 125
ORLANDO FL 32826-3009
US

2. Principal Place of Business

13501 Ingenuity Drive

3. Mailing Address

13501 Ingenuity Drive

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

Suite 128

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32826

Country

USA

Zip

32826

Country

USA

4. FEI Number

95-2535904

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER, PETER M.
740 RIVERBOAT CIRCLE
ORLANDO FL 32828

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME OREIRO, FLORENCE
STREET ADDRESS TEN TARA BLVD., FIFTH FLOOR
CITY-ST-ZIP NASUA NH 03062

PD ☐ Delete
NAME FEELEY, TERRY
STREET ADDRESS 70 DEAN KNAUSS DRIVE
CITY-ST-ZIP NARAGANSETT RI 02882

D ☐ Delete
NAME BAKER, PETER M
STREET ADDRESS 740 RIVERBOAT CIRCLE
CITY-ST-ZIP ORLANDO FL

SD ☐ Delete
NAME MARSHALL, DANA
STREET ADDRESS 20 POINT WEST BLVD.
CITY-ST-ZIP ST. CHARLES MO 63301

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Change ☐ Addition
NAME LAWSON, WILLIAM E.
STREET ADDRESS 500 LASER DRIVE
CITY-ST-ZIP SOMERSET WI 54025-

P ☒ Change ☐ Addition
NAME MAZUMDER, JYOTI
STREET ADDRESS 2250 G.G.BROWN HALL BLDG., 2350 HAYWARD ST.
CITY-ST-ZIP ANN ARBOR, MI 48109-2125

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☒ Change ☐ Addition
NAME METZBOWER, EDWARD
STREET ADDRESS NAVAL RESEARCH LAB, CODE 6324
CITY-ST-ZIP WASHINGTON, DC 20375-5000

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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)(l), 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 617, 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: X

[Signature]

REQUIRED

PETER M. BAKER

01/18/00

407/380-1553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #