

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90263 027 ****70.00

DOCUMENT # P27378

1. Entity Name
LASER INSTITUTE OF AMERICA, INC.



Principal Place of Business
**13501 INGENUITY DR
SUITE 128
ORLANDO FL 32826
US**

Mailing Address
**13501 INGENUITY DR
SUITE 128
ORLANDO FL 32826
US**

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

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

City & State

City & State

4. FEI Number **95-2535904**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, PETER M.
740 RIVERBOAT CIRCLE
ORLANDO FL 32828**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T CLARK, WILLIAM**
STREET ADDRESS **1500 WEST HURON RIVER DRIVE**
CITY-ST-ZIP **DEXTER MI 48130**

TITLE ☒ Change ☐ Addition
NAME **T CLARK, WILLIAM**
STREET ADDRESS **7300 WEST HURON RIVER DRIVE**
CITY-ST-ZIP **DEXTER MI 48130**

TITLE ☐ Delete
NAME **PD BEYER, ECKHARD**
STREET ADDRESS **WINTERBERSTER 28**
CITY-ST-ZIP **GERMANY GM 02177**

TITLE ☒ Change ☐ Addition
NAME **PD LAWSON, WILLIAM**
STREET ADDRESS **500 LASER DRIVE**
CITY-ST-ZIP **SOMERSET WI 54025**

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

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

TITLE ☐ Delete
NAME **SD METZBOWER, EDWARD**
STREET ADDRESS **NAVAL RESEARCH LAB CODE 6324**
CITY-ST-ZIP **WASHINGTON DC 20375**

TITLE ☒ Change ☐ Addition
NAME **SD QUICK, NATHANIEL**
STREET ADDRESS **894 SILVERADO CT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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)(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 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: **SIG. PETER BAKER** 01/31/2003 407/380-1553

CR2E037 (10/02)