

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 011 ***150.00

DOCUMENT # **P96000004155** ✓

1. Entity Name

LASER RITE TECHNOLOGIES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4475 NORTHGATE CT.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

4. FEI Number

650641316

Applied For

Not Applicable

Zip

34234

Country

SARASOTA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL C. ESER

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

4475 NORTHGATE CT.

City

SARASOTA

FL

Zip Code

34234

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
PAUL C. ESER
1415 DEBRELEN RD
SARASOTA FL 34240

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
TERESA A. ESER
1415 DEBRELEN RD.
SARASOTA FL 34240

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

PAUL C. ESER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02
Date

941-955-2737
Daytime Phone #

CR2E034B (12/01)