

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90027 038 ***150.00

DOCUMENT # K49101

1. Entity Name
LASER IMAGING SYSTEMS, INC.

Principal Place of Business EAST MCKENZIE STREET A GORDA FL 33950	Mailing Address 204-A EAST MCKENZIE STREET SUITE A DPUNTA GORDA FL 33950-6024 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0086167	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 MCRAE, THOMAS G E. MCKENZIE ST 204-A PUNTA GORDA FL 33950	
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 Thomas G. McRae PRESIDENT 4/11/00
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) **Paid** ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, THOMAS G.		NAME		
STREET ADDRESS	2751 RYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, SUSAN G.		NAME		
STREET ADDRESS	2751 RYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELDERD, JOHN B.		NAME		
STREET ADDRESS	5252 ENCHANTED OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COLEGE STATION TX 77845		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLINGER, DENNIS K.		NAME		
STREET ADDRESS	6819 BLUFFS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRER, GORDON J.		NAME		
STREET ADDRESS	5 WAYLAND HILLS RD.		STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA 01778		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Susan G. McRae 4-11-00 941-639-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)