

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90070 012 ***550.00

0155408 IN

DOCUMENT # F43091

1. Entity Name

LAUREL, INC.



Principal Place of Business

1215 PALAMA WAY
LANTANA FL 33462

Mailing Address

REINOLANKUJA 3
33270 TAMPERE 27
FINLAND FI
S

2. Principal Place of Business

8255 E Atlantic Drive

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Lantana, Florida

City & State

4. FEI Number

65-0130345

Applied For

Not Applicable

Zip

33462

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAKI, HELEN

1215 PALAMA WAY
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Fay Granlund-Annala

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

154 Lucina Drive

City

Hypoluxo

FL

Zip Code

33462

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

Fay Granlund-Annala Fay Granlund-Annala

Aug. 1, 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
STREET ADDRESS VIITALA, JARMO
CITY-ST-ZIP REINOLANKUJA 3
33250 TAMPERE 27 FI

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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:

JARMO VIITALA

14/7/2003 +358 400 477444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)