

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 243433

1. Entity Name

LAUREL BUILDERS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90007 045 ***150.00

Principal Place of Business

150 OXFORD RD. SUITE 140
P O BOX 300789
FERN PARK FL 32730-7789

Mailing Address

150 OXFORD RD. SUITE 140
P O BOX 300789
FERN PARK FL 32730-0789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0920777

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

SHUTTS, ROBERT T.
2010 BRANDYWINE DR.
WINTER PARK FL 32789

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

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

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 PD
NAME SHUTTS, ROBERT T.
STREET ADDRESS 150 OXFORD RD
CITY-ST-ZIP FERN PARK FL ☐ Delete

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

TITLE VD
NAME ROBINSON, PETER G
STREET ADDRESS 315 GREYTWIG ROAD
CITY-ST-ZIP VERO BEACH FL ☐ Delete

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

TITLE VTD
NAME ROBINSON, JOSEPH D IV
STREET ADDRESS 150 OXFORD RD
CITY-ST-ZIP FERN PARK FL ☐ Delete

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

TITLE V
NAME ROBINSON, DEEELLEN
STREET ADDRESS 315 GREYTWIG ROAD
CITY-ST-ZIP VERO BEACH FL ☐ Delete

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

TITLE ASD
NAME ROBINSON, CARROLL
STREET ADDRESS 2300 BARBADOS DR.
CITY-ST-ZIP WINTER PARK FL ☐ Delete

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

TITLE SD
NAME D'AMICO, MARTHA
STREET ADDRESS 628 DESOTO DRIVE
CITY-ST-ZIP CASSELBERRY FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Ref. Martha D'Amico* **MARTHA D'AMICO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00 (407) 831-2211