

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27281

1. Entity Name
D & W LAUX, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90087 042 ***150.00

Principal Place of Business
3916 EAST TAMiami TRAIL
#AA
NAPLES FL 34112
US

Mailing Address
3906-AA TAMiami TRAIL E
NAPLES FL 34112
US

00004859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3906-AA TAMiami TRAIL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2070482

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

LANIER, SUZANNE D.
SUITE 405
5801 PELICAN BAY BLVD.
NAPLES FL 33963

Name

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

2640 Golden Gate PKWAY

Suite 206

City

NAPLES

FL

FL

Zip Code

34105

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAUX, WILLIAM R
3190 WHITE BOULEVARD
NAPLES, FLORIDA 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAPLES FL 34117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LAUX, DIANA C
3190 WHITE BOULEVARD
NAPLES, FLORIDA 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAPLES FL 34117 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

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:

WILLIAM R. LAUX

Date

1-10-01

Daytime Phone #

0396601

CR2E034 (10/00)