

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90001 042 \*\*\*150.00

DOCUMENT # F98000006812 Entity Name La-Man Corporation of Nevada			
Principal Place of Business		Mailing Address	
700 Glades Court Suite, Apt. #, etc.		5029 Edgewater Drive Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State Orlando, FL	
Zip 32127	Country U.S.	Zip 32810	Country U.S.
6. Name and Address of Current Registered Agent  Harris, Marshall S. 5029 Edgewater Drive Orlando, FL 32810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE NAME REET ADDRESS TY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CD Brandner, J W 5029 Edgewater Drive Orlando, FL 32810
LE NAME REET ADDRESS TY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	P Shawl, Harry M, 700 Glades Court Port Orange, FL 32127
LE NAME REET ADDRESS TY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	V Overby, Ken 700 Glades Court Port Orange, FL 32127
LE NAME REET ADDRESS TY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	SD Harris, Marshall S 5029 Edgewater Drive Orlando FL 32810
LE NAME REET ADDRESS TY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TD Thrasher, Todd D 5029 Edgewater Drive Orlando, FL 32810
LE NAME REET ADDRESS TY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	V Ward, Douglas 700 Glades Court Port Orange, FL 32127

3. 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 Brandner* William Brandner 4/25/00 (407)521-7477