

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003244

1. Entity Name

LAPTOP LANE LIMITED INCORPORATED

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

03-22-2000 90023 004 ***150.00

Principal Place of Business

Mailing Address

5000 COLUMBIA CENTER
701 5TH AVENUE
SEATTLE WA 98104-7078

5000 COLUMBIA CENTER
701 5TH AVENUE
SEATTLE WA 98104-7097

2. Principal Place of Business

3. Mailing Address

3605 - 132ND AVE. SE

← Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 405

City & State

City & State

Bellevue, WA

Zip

Country

Zip

Country

98006

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1740310

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRELL, R. BRUCE		NAME	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405		STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, M. GRANT		NAME	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405		STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER, CHRISTOPHER		NAME	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405		STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNEN, G. JEFF		NAME	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405		STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, J'AMY		NAME	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405		STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, MARK		NAME	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405		STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)