

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35683

1. Entity Name

LAGS ENTERPRISES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90177 039 ***150.00

Principal Place of Business

4411 CLEVELAND AVENUE
FT. MYERS FL 33901

Mailing Address

4411 CLEVELAND AVENUE
FT. MYERS FL 33901-9011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2610955

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

GARGANO, ANTHONY J
2075 W FIRST ST
STE 203
FT. MYERS FL 33901

Name

RICHARD J. SIMONE

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

436 South Andrews Ave

City

FT. LAUD.

FL

Zip Code

33301

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

RICHARD J. SIMONE
(NOTE: Registered Agent signature required when reinstating)

4/11/00
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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD LAGESCHULTE, DAVE 4411 CLEVELAND AVE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAWNER, TERRY 4411 CLEVELAND AVE FT MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LYNCH, PAUL W. 4411 CLEVELAND AVE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGENSMITH, KIT A. 4411 CLEVELAND AVE FT MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGNIER, DALE R. 4411 CLEVELAND AVE FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

941-275-6339
Daytime Phone #

CR2E034 (9/99)