2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **H35683**

1. Entity Name
LAGS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4411 CLEVELAND AVENUE	4411 CLEVELAND AVENUE
FT. MYERS FL 33901	FT. MYERS FL 33901

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name
SIMEON RICHARD J

Street Address (P.O. Box Number is Not Acceptable)
4411 CLEVELAND AVENUE

City: FT. MYERS **FL** Zip Code: 33901

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 **RICHARD J. SIMEONE** **04/19/2001**
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	D REGNIER, DALE R. 4411 CLEVELAND AVE FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REGNIER DALE R 4411 CLEVELAND AVE FT. MYERS FL 33901	☒ 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	D KLINGENSMITH KIT A 4411 CLEVELAND AVE FT MYERS FL 33901	☒ 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	TSD LYNCH PAUL W 4411 CLEVELAND AVE FT. MYERS FL 33901	☒ 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	PD BRAWNER TERRY K 4411 CLEVELAND AVE FT MYERS FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LAGESCHULTE, DAVE 4411 CLEVELAND AVE FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LAGESCHULTE DAVID L 4411 CLEVELAND AVE FT. MYERS FL 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Paul W. Lynch T 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #