

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H42556

1. Entity Name

LAUREL SERVICE CORP.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90027 034 \*\*\*150.00

Principal Place of Business

150 OXFORD RD. SUITE 140  
P O BOX 300789  
FERN PARK FL 32730-7789

Mailing Address

150 OXFORD RD. SUITE 140  
P O BOX 300789  
FERN PARK FL 32730-0789

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 59-2530899

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON IV, JOSEPH D.  
150 OXFORD ROAD  
FERN PARK FL 32730

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME ROBINSON, JOSEPH D., IV  
STREET ADDRESS 150 OXFORD ROAD  
CITY-ST-ZIP FERN PARK FL

☐ Delete

TITLE VP  
NAME SHUTTS, ROBERT T.  
STREET ADDRESS 150 OXFORD ROAD  
CITY-ST-ZIP FERN PARK FL

☐ Delete

TITLE DS  
NAME D'AMICO, MARTHA  
STREET ADDRESS 150 OXFORD ROAD  
CITY-ST-ZIP FERN PARK FL

☐ Delete

TITLE DT  
NAME RIDGWAY, JANET  
STREET ADDRESS 150 OXFORD ROAD  
CITY-ST-ZIP FERN PARK FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Martha D'Amico* Martha D'Amico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00 (407) 831-2211