

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H47747****1. Entity Name**
LARSON BUILDERS, INC.**Principal Place of Business****4645 BROWN ROAD**
CHRISTMAS FL 32709**Mailing Address****4645 BROWN ROAD**
CHRISTMAS FL 32709**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**LARSON, STEPHEN M.**
4645 BROWN ROAD
CHRISTMAS FL 32709**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

3-13-01**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PS			
	LARSON, STEPHEN M.	4645 BROWN ROAD	CHRISTMAS FL	
	VT			
	LARSON, BARBARA A.	4645 BROWN ROAD	CHRISTMAS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:** *Stephen M Larson* **Stephen M Larson** **3-13-01** **407 568 4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90033 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)