

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90453 001 \*\*\*150.00  
02-03-2003 90453 002 \*\*\*\*\*8.75

**DOCUMENT # J41225**

1. Entity Name  
**LAURIE'S OF LAKELAND INC.**



Principal Place of Business  
**443 NORTH FORK DR  
LAKELAND FL 33809**

Mailing Address  
**443 NORTH FORK DR  
LAKELAND FL 33809**

2. Principal Place of Business  
**2319 Chesterfield Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**2319 Chesterfield Circle**  
Suite, Apt. #, etc.

City & State  
**Lakeland, Florida**

City & State  
**Lakeland, Florida**

4. FEI Number **59-2748594**

Applied For  
Not Applicable

Zip Country  
**33813**

Zip Country  
**33813**

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

**6. Name and Address of Current Registered Agent**

**LEE, URMA  
443 N. FORK DR.  
LAKELAND FL 33809**

**7. Name and Address of New Registered Agent**

Name  
**LEE, URMA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2319 CHESTERFIELD CIRCLE**  
City  
**LAKELAND FL** Zip Code  
**33813**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, URMA</b>	
STREET ADDRESS	<b>443 NORTH FORK DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, LAWRENCE C.</b>	
STREET ADDRESS	<b>VERGEET-MY-NIET STRAAT14</b>	
CITY-ST-ZIP	<b>ZORGEN-HOOP-SURINAME</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, URMA</b>	
STREET ADDRESS	<b>2319 CHESTERFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>LAKELAND, FLORIDA 33813</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**URMA LEE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-30-03 863-709-8480**  
Date Daytime Phone #

CR2E034 (10/02)