

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90019 041 ***150.00

0537633

DOCUMENT # K49101

1. Entity Name

LASER IMAGING SYSTEMS, INC.

Principal Place of Business

**204 EAST MCKENZIE STREET
 SUITE A
 PUNTA GORDA FL 33950
 US**

Mailing Address

**204-A EAST MCKENZIE STREET
 SUITE A
 DPUNTA GORDA FL 33950
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0086167**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MCRAE, THOMAS G
 E. MCKENZIE ST
 204-A
 PUNTA GORDA FL 33950**

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, 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	DP	<input type="checkbox"/> Delete
NAME	MCRAE, THOMAS G.	
STREET ADDRESS	2751 RYAN BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCRAE, SUSAN G.	
STREET ADDRESS	2751 RYAN BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELDERD, JOHN B.	
STREET ADDRESS	5252 ENCHANTED OAKS DRIVE	
CITY-ST-ZIP	COLEGE STATION TX 77845	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLINGER, DENNIS K.	
STREET ADDRESS	6819 BLUFFS BLVD.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRER, GORDON J.	
STREET ADDRESS	5 WAYLAND HILLS RD.	
CITY-ST-ZIP	WAYLAND MA 01778	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas G. McRae **THOMAS G. MCRAE**

Date

4/4/01

Daytime Phone #

941-639-3533

CR2E034 (10/00)