

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K78174**

Folity Name

DAVID LASTER INC.*Amended**UBR Form*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 PM 3:01

Principal Place of Business

PICEON DR
LARGO FL 33037

Mailing Address

PO BOX 1401
KEY LARGO FL 33037-1401

000003327730--2

-07/19/00--01051--00301

****\$1.25 ****\$1.25

Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-2944102

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

PATTISON, GRACE
817 N. PALMWAY
KISSIMMEE FL 34744

Name

EDNA M HOROWITZ

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

208 TIDE AVENUE

City

TAVERNIER

FL

Zip Code
33070

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 fee is applicable.

NOTE: Registered Agent signature required when reappointed.

DATE

1/17/2000

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

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May
Added to Fee**OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

FILE NAME 15 PICEON DR KEY LARGO FL 33037	☐ Delete	TITLE NAME DAVID Laster	☒ Change ☐ Addition Address
FILE NAME 15 PICEON DR KEY LARGO FL 33037	☐ Delete	TITLE NAME BRET Laster	☒ Change ☐ Addition Address
FILE NAME 2823 NW 142 LN MIAMI FL 33018	☐ Delete	TITLE NAME ANTONIA Castillo	☒ Change ☐ Addition Address
FILE NAME [REDACTED]	☐ Delete	TITLE NAME RICHARD Champagne	☐ Change ☒ Addition Address
FILE NAME [REDACTED]	☐ Delete	TITLE NAME Jimmie Lee NUNO	☐ Change ☒ Addition Address
FILE NAME [REDACTED]	☐ Delete	TITLE NAME [REDACTED]	☐ Change ☐ Addition Address

3. 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 of this report.