

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90137 048 ***150.00

DOCUMENT # K78174**1. Entity Name**
DAVID LASTER INC.**Principal Place of Business****426 BAHIA HONDA RD**
KEY LARGO FL 33037
US**Mailing Address****426 BAHIA HONDA RD**
KEY LARGO FL 33037
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2944102**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HOROWITZ, EDNA M**
208 TIDE AVE
TAVERNIER FL 33070**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** _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASTER, DAVID 426 BAHIA HONDA RD KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASTER, BRET 943 PLANTATION RD KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTILLO, ANTONIO 28 TARPON AVEN MIAMI FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMPAGNE, RICHARD 438 BAHIA HONDA RD KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNN, JIMMIE L 10240 SW 173 ST MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)