

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92999

1. Entity Name

LAVER, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90077 036 \*\*\*150.00

Principal Place of Business

Mailing Address

GARDENS-ISLES SHOPPING CENTER  
438-780-S-CYPRESS RD.  
POMPANO BEACH FL-33068  
US

LAVER, INC.  
273 SHOREACRES RD.  
BURLINGTON ONTARIO CA L7L 2H3

2. Principal Place of Business

2615 S. University Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Davie, FL

City & State

4. FEI Number 65-0122748

Applied For  
Not Applicable

Zip  
33328

Country  
U.S.

Zip  
L7L 2H3

Country  
CANADA

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

MORRISON, JOHN T -  
2061 NW BOCA RATON BLVD., SUITE 108  
BOCA RATON FL 33431 -

Name Mark E. Stehnik  
Street Address (P.O. Box Number is Not Acceptable)  
2615 S. University Drive  
City Davie FL Zip Code 33328

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 *Mark E. Stehnik* 1/24/2000  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAVER, DOUGLAS A. 273 SHOREACRES RD BURLINGTON, ONT, CAN	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Mark E. Stehnik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/24/2000 Daytime Phone # 905-572-0403

CR2E034 (9/99)