

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021807 AF

**DOCUMENT #** L00000004063  
**1. Entity Name**  
 LASERART STUDIOS, LLC

**FILED**  
 01 APR 16 PM 3: 11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 219 KEEL WAY      219 KEEL WAY  
 OSPREY FL 34229      OSPREY FL 34229

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number**  Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MCGREW, LISA L  
 219 KEEL WAY  
 OSPREY FL 34229

**7. Name and Address of New Registered Agent**  
 Name **ERIC W. MCGREW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**219 Keel Way**  
 City **OSPREY, FL 34229**

**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 *Eric McGrew, Registered Agent*      DATE **4-12-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

8000004036648--8  
 -04/20/01--0118--005  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MANAGING MEMBER</b> <b>ERIC W. MCGREW</b> <b>219 Keel Way Osprey, FL 34229</b>	
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
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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: *Eric McGrew, Managing Member*      Date **4-12-01**      Daytime Phone # **941-966-4245**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)