

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000015554**

1. Entity Name

**LASER TELECOM, LLC**

Principal Place of Business

**317 CENTRE STREET  
AMELIA ISLAND FL 32034**

Mailing Address

**317 CENTRE STREET  
AMELIA ISLAND FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**82-0547345**☒ Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAUNCEY, RAYMOND M  
4824 SPRING BLOSSOM COURT  
AMELIA ISLAND FL 32034**

7. Name and Address of New Registered Agent

Name

**RAYMOND M. CHAUNCEY**

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

**9517 SPRING BLOSSOM COURT**

City

**AMELIA ISLAND****FL**

Zip Code

**32034**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RAYMOND M. CHAUNCEY</del> <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	<del>RAYMOND M. CHAUNCEY</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAYMOND M. CHAUNCEY 317 CENTRE STREET AMELIA ISLAND, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARY MCMAHUS POST OFFICE BOX 399 CATAWBA, NC 28609</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-25-02 (904) 261-4334****FILED  
Jun 12, 2002 8:00 am  
Secretary of State**

05-08-2002 90077 010 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2083 (9/01)