

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90093 009 ***150.00

DOCUMENT # L07356

1. Entity Name
MOTOR VESSEL LAURA E. INC.

Principal Place of Business

1624 GROUPE AVE
PORT SAINT JOE FL 32456

Mailing Address

P.O. BOX 309
PORT ST. JOE FL 32457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3080221

Applied For

Not Applicable

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

RAFFIELD, CARL E ST.
110 21ST STREET
PORT ST. JOE FL 32456

Name
EUGENE RAFFIELD

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

1624 GROUPE AVENUE

PORT ST. JOE, FLORIDA

City

FL

Zip Code
32456

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  **EUGENE RAFFIELD - DIRECTOR** **02/20/02**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **RAFFIELD, CARL E SR.**
 STREET ADDRESS **110 21ST STREET**
 CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RAFFIELD, EUGENE**
 STREET ADDRESS **CANAL DRIVE- HIGHLAND VIEW**
 CITY-ST-ZIP **PORT SAINT JOE FL 32456**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

 **EUGENE RAFFIELD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02

Date

(850) 229-8229

Daytime Phone #

CR2E034 (9/01)