

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90235 031 ***150.00

FOR PROFIT CORPORATION -
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38089

1. Entity Name

LASE-IT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

143 GARDEN AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GROVELAND, FL

City & State

4. FEI Number

59-2981620

Applied For

Not Applicable

Zip

34736

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80127302

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LOVEJOY, CARLTON E.

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

143 GARDEN AVE.

City

GROVELAND

FL

Zip Code

34736

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	LOVEJOY, CARLTON E.	143 GARDEN AVE.	GROVELAND, FL 34736
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



L38089
Attachment
Boi27302

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 5, 2002

LASE-IT, INC.
143 GROVELAND AVE
GROVELAND, FL 34736 US

Subject: **LASE-IT, INC.**

Reference Number: - - **L38089** - -

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ

ANNUAL REPORTS SECTION