

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91403 025 \*\*\*150.00

**DOCUMENT # L38089**

1. Entity Name  
**LASE-IT, INC.**



Principal Place of Business  
**143 GARDEN AVE**  
**GROVELAND FL 34736**  
**US**

Mailing Address  
**143 GROVELAND AVE**  
**GROVELAND FL 34736**  
**US**



**T.IN. 592982162**

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7105 Turquoise Ln**

**2800 E. Osceola Rd.**

City & State  
**Orlando, FL**

City & State  
**Geneva, FL**

Zip Country  
**32807 USA**

Zip Country  
**32732 USA**

4. FEI Number **59-2981620 ?**

☒ 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

**LOVEJOY, CARLTON E.**  
**143 GARDEN AVE**  
**GROVELAND FL 34736**

Name **LOVEJOY, CARLTON E**  
Street Address (P.O. Box Number is Not Acceptable)  
**2800 E Osceola Rd**  
City **Geneva** FL Zip **32732**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Carlton E. Lovejoy* Error & just address. 4.23.2003

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LOVEJOY, CARLTON E.**  
STREET ADDRESS **143 GARDEN AVE**  
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **P** ☒ Change ☐ Addition  
NAME **LOVEJOY, CARLTON E** address  
STREET ADDRESS **2800 E. Osceola Rd**  
CITY-ST-ZIP **Geneva, FL 32732**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Carlton E. Lovejoy* **Carlton E. Lovejoy 4.23.2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)