

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46921

1. Entity Name

LASER GRADING SERVICE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90091 046 ***150.00

Principal Place of Business

Mailing Address

~~1320 RAIL HEAD BLVD~~
~~STE 5~~
~~NAPLES FL 34110~~
US

~~PO BOX 1236~~
BONITA SPRINGS FL 34135-5361
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26840 Spanish Gardens Dr.

Suite, Apt. #, etc.

3. Mailing Address

26840 Spanish Gardens Dr.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

59-3002685

Applied For

Not Applicable

Zip

34135

Country

US

Zip

34135

Country

US

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

MANSFIELD, VICKIE

~~1320 RAIL HEAD BLVD~~
~~SUITE 5~~
~~NAPLES FL 34110~~

Name

Vickie Mansfield

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

26840 Spanish Gardens Dr.

City

Bonita Springs

FL

Zip Code

34135

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

Vickie Mansfield

Vickie Mansfield, President

4-15-00

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, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	MANSFIELD, VICKIE	26840 SPANISH GARDENS DR. BONITA SPRINGS FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	MANSFIELD, JOHN	26840 SPANISH GARDENS DR. BONITA SPRINGS FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Vickie Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vickie Mansfield

Date

4/15/00

Daytime Phone #

941-495-0990

CF 104.0100