

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90088 014 ***150.00

DOCUMENT # L64810

1. Entity Name
LAUJER, INC.



Principal Place of Business
VAUTHRIN, PATRICK
612 NE 3RD AVE
POMPANO BEACH FL 33060
US

Mailing Address
VAUTHRIN, PATRICK
612 NE 3RD AVE
POMPANO BEACH FL 33060
US

2. Principal Place of Business
2227 W. HILLSBORO BLVD
Suite, Apt. #, etc.

3. Mailing Address
2227 W. HILLSBORO BLVD
Suite, Apt. #, etc.

City & State
DEERFIELD BEACH
Zip
33442
Country

City & State
DEERFIELD BEACH
Zip
33442
Country

4. FEI Number **65-0192333**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JACKSON, CHRIS
612 N.E. 3RD AVENUE
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
VAUTHRIN, PATRICK
Street Address (P.O. Box Number is Not Acceptable)
2227 W HILLSBORO BLVD
City
DEERFIELD BEACH **FL** Zip Code
33442

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)

3/3/3
DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
JACKSON, CHRIS
612 N. E. 3RD AVENUE
POMPANO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
VAUTHRIN, PATRICK J.
612 N. E. 3RD AVENUE
POMPANO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/3
Date

Daytime Phone #

CR2E034 (10/02)