

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021821 AF

**DOCUMENT #** L98000001607

**1. Entity Name**  
LASERART GROUP, LLC

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
219 KEEL WAY  
OSPREY FL 34229

**Mailing Address**  
219 KEEL WAY  
OSPREY FL 34229

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**Zip** **Country**

**4. FEI Number** 65-0859367

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MCGREW, LISA L  
219 KEEL WAY  
OSPREY FL 34229

**7. Name and Address of New Registered Agent**

**Name** ERIC W. MCGREW

**Street Address (P.O. Box Number is Not Acceptable)**  
219 Keel Way

**City** OSPREY **FL** **Zip Code** 34229

**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** *Eric W. McGrew, Registered Agent* **DATE** 4/12/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

200004078062--7  
-04/25/01--01085--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	MGRM	MCGREW, LISA L	219 KEEL WAY OSPREY FL 34229	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	MANAGING member	ERIC MCGREW	219 Keel Way OSPREY, FL 34229	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Eric W. McGrew, Registered Agent* **DATE** 4-12-01 **Daytime Phone #** 941-966-4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)