

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-21-2002 90019 012 ****50.00

DOCUMENT # L99000009349

1. Entity Name

LAUTERIA & COMPANY, PLC

Principal Place of Business

Mailing Address

**605 ROBINSON STREET, SUITE 620
ORLANDO FL 32801**

**605 ROBINSON STREET, SUITE 620
ORLANDO FL 32801**

13585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2147955

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERKSON, GARY M
1132 SYMONDS AVENUE
WINTER PARK FL 32789**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM LAUTERIA, LOUIS H
STREET ADDRESS **605 ROBINSON STREET, SUITE 620**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

1/12/02

407-872-6829

Date

Daytime Phone #

CR2E083 (9/01)

Attachment
13585

#L 99 000009349

AMOUNT OF DEPOSIT (Do NOT type, please print.)
DOLLARS CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

LOUIS H LAUTERIA
LOUIS H LAUTERIA CPA
605 E ROBINSON ST STE 620
ORLANDO FL 32801-2046

EIN 59-2147955 082200

IRS USE ONLY

Darken only one TYPE OF TAX		and	Darken only one TAX PERIOD	
<input type="checkbox"/> 941	<input type="checkbox"/> 945		<input type="checkbox"/> 1st Quarter	
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter		
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 3rd Quarter		
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> 4th Quarter		
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042			
<input type="checkbox"/> 940				

62

29 6 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)