

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M96032**

1. Entity Name

LASETER CONSTRUCTION, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90022 021 ***150.00

Principal Place of Business

Mailing Address

**1020 E JEFFERSON ST
BROOKSVILLE FL 34601
US****1020 E JEFFERSON ST
BROOKSVILLE FL 34601-3428
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2976070**

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

**LASETER, LOIS ANNE
1020 E JEFFERSON ST
BROOKSVILLE FL 34601**

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

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 State10. 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	VD	<input type="checkbox"/> Delete
NAME	LASETER, BOBBY R.	
STREET ADDRESS	10047 DOMINGO DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24069 Ragan Drive	
STREET ADDRESS	Brooksville, FL 34601	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LASETER, BOBBIE JO	
STREET ADDRESS	10047 DOMINGO DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24069 Ragan Drive	
STREET ADDRESS	Brooksville, FL 34601	
CITY-ST-ZIP		

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LASETER, LOIS ANNE	
STREET ADDRESS	24228 BALMORAL LANE	
CITY-ST-ZIP	BROOKSVILLE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyons, Arthur M.	
STREET ADDRESS	11101 South Turner Ave.	
CITY-ST-ZIP	Floral City, FL 34436	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry, Bruce W.	
STREET ADDRESS	10047 Domingo Dr.	
CITY-ST-ZIP	Brooksville, Florida 34601	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lois Anne Laseter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*Lois Anne Laseter*

1/25/00

Date

352-799-5794

Daytime Phone #