


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90077 042 ****75.00

DOCUMENT # N01000007860	
1. Entity Name LAO CARE ORGANIZATION, INC.	

Principal Place of Business 3884 20TH ST. N. ST. PETERSBURG FL 33714	Mailing Address 3884 20TH ST. N. ST. PETERSBURG FL 33714
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-0005656		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANANIKONE, BUSH 3884 20TH ST. N. ST. PETERSBURG FL 33714		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. 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) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SANANIKONE, BUSH STREET ADDRESS 3884 20TH STREET NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PV NAME ORA-ATH, SAM S STREET ADDRESS 10743 57TH STREET NORTH CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CHANTARAK, BONNIE STREET ADDRESS 10580 58TH STREET NORTH CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LAYSOU LIVONY, VIENGKHAM STREET ADDRESS 2710 39TH AVE. NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BD NAME THAMMAVONG, KARLO S STREET ADDRESS 1005 16TH STREET NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NORID, SAMPASAYA STREET ADDRESS 2175 25TH AVE. NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Bonnie Chantarak* **REQUIRED**

3-9-03

CR2E037 (10/02)

80053009

Corporation: Lto Care organization, Inc

Date 3-9-03

Circle one

1. Any change in Corporate address or phone no.? Yes (No)
If yes, furnish new information:
2. Any change in stock ownership? Yes (No)
If yes, furnish information showing dates, names, number of shares and consideration:
3. Any changes in officers, directors or Registered Agent or office? Yes (No)
If yes, furnish information:
4. Were any medical, pension or profit sharing plans adopted or contributions to such plans made? Yes (No)
If yes, furnish details:
5. Did corporation do any of the following acts which are not everyday business
- | | | |
|---|-----|-------------|
| a. Borrow or loan money? | Yes | <u>(No)</u> |
| b. Sign a mortgage or security agreement? | Yes | <u>(No)</u> |
| c. Buy, sell or lease real estate? | Yes | <u>(No)</u> |
| d. Sell or buy substantial assets? | Yes | <u>(No)</u> |
6. Has Corporation transacted other business in the past year or does it plan to transact business in the coming year that should be approved-by stockholders? Yes (No)
If yes, furnish information:
7. Please attach the following:
- Copy of Annual Report sent to Secretary of State
 - Copy of any minutes or consents filed in Corporate book in past year
 - Name, address and phone number of Corporate accountant:
 - Name and phone number of person we can contact if we have questions:

Bonnie Chantara K
Name

727-546-0786
Phone

Fax 727-546-0786

No income, if you have any questions please call me @
cell # 727-656-3728