

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90143 034 *****70.00

DOCUMENT # N02000006667

1. Entity Name

BOARD OF LASER SAFETY, INC.



Principal Place of Business

**13501 INGENUITY DR. STE 128
ORLANDO FL 32826**

Mailing Address

**13501 INGENUITY DR. STE 128
ORLANDO FL 32826**

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

06-1647201

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

7. Name and Address of New Registered Agent

**F&L CORP.
200 LAURA ST, 3RD FLOOR
JACKSONVILLE FL 32202-3510**

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, PETER 740 RIVERBOAT CIR ORLANDO FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEBER, FRED 4 BEATRICE DR MANAHAWKIN NJ 08050	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDREN, ROBERT 5818 PRICESS CAROLINE PLACE LEESBURG FL 34748	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, JOSEPH 4110 CENTRAL AVE, NE #101 MINNEAPOLIS MN 55421	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	☒ Change ☐ Addition
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	S/T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darrell Seeley 621 Lochtyr Ridge Wales, WI 53183	☐ 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 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: X SIGNATURE REQUIRED

407-380-1553

CR2E037 (10/02)