

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31591

1. Entity Name

LAUREN INTERNATIONAL, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 019 ****61.25

0001248

Principal Place of Business

Mailing Address

1048 BAISDEN RD
 JACKSONVILLE FL 32218

1048 BAISDEN RD
 JACKSONVILLE FL 32218
 US

80064432

2. Principal Place of Business

3. Mailing Address

Erilyn Noel

Lauren Stalnecker & Evelyn Noel

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3711 Troutriver Blvd

3711 Troutriver Blvd.

City & State

City & State

Jax. FL.

Jax. Fla.

Zip

Country

Zip

Country

32208

USA

32208

USA

4. FEI Number

59-2981750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STALNECKER, LAUREN H.
 1048 BAISDEN RD
 JACKSONVILLE FL 32218

Name Lauren Stalnecker

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

3711 Troutriver Blvd.

City

Jax

FL

Zip Code

32208

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 \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
 NAME STALNECKER, LAUREN H.
 STREET ADDRESS 1038 BAISDEN ROAD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D
 NAME Lauren Stalnecker
 STREET ADDRESS 9040 Shoreham Dr.
 CITY-ST-ZIP L.A. Ca. 90069

TITLE D
 NAME GRIFFIN, J. SHULER
 STREET ADDRESS 1676 OLD MILL STREAM
 CITY-ST-ZIP CORDOVA-TN

TITLE D
 NAME STALNECKER, BETTE P.
 STREET ADDRESS 234 LACKEY LANE
 CITY-ST-ZIP RIPLEY TN

TITLE D
 NAME MILWID, ANDY
 STREET ADDRESS 246 BEAVER POINT
 CITY-ST-ZIP DADEVILLE AL 36853-2802

TITLE D
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

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

SIGNATURE REQUIRED

SIGNATURE

CR2E037 (5/01)