

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32841

1. Entity Name

WINTER HAVEN AREA LASERTOMA, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90112 003 ****61.25

Principal Place of Business 447 SAN JOSE DRIVE WINTER HAVEN FL 33884 US	Mailing Address 447 SAN JOSE DRIVE WINTER HAVEN FL 33884-1742 US
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2. Principal Place of Business 501 S Lake Florence Dr Suite, Apt. #, etc.	3. Mailing Address 501 S Lake Florence Dr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33884	Country USA

4. FEI Number 59-2956211	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHOEMAKER, CINDY 447 SAN JOSE DRIVE WINTER HAVEN FL 33884	7. Name and Address of New Registered Agent Name - Diane Woelfel Street Address (P.O. Box Number is Not Acceptable) 501 S Lake Florence Dr. City Winter Haven FL Zip Code 33884
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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 *Diane E. Woelfel* 1-10-00

Signature, typed or printed name of registered agent and title (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
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOEMAKER, CINDY 447 SAN JOSE DRIVE WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Woelfel, Diane 501 S Lake Florence Dr. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARRISON, TRACY 4301 LARRY'S LAGOON WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Shoemaker, Cindy 447 San Jose Dr. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOELFEL, DIANE 501 S LAKE FLORENCE DR WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mersereau, Gail 120 Lake Ring Dr. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEREREAU, GAIL 120 LAKE RING DR SE WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Zimmerly, Carol P O Box 1595 Haines City, FL 33845 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMERLY, CAROL P.O. BOX 1582 HAINE CITY FL 33845 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Williams, Shirley 1124 Shoreline Ln. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIETZE, LEA 1224 TANGERINE PKWY WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Stork, Donna P O Box 3366 Winter Haven, FL 33885 <input checked="" 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: *Diane E. Woelfel* 1-10-00 863-324-1747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #