

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90284 021 ****61.25

DOCUMENT # N32841

1. Entity Name

WINTER HAVEN AREA LASERTOMA, INC.

Principal Place of Business

**120 LAKE RING DRIVE
WINTER HAVEN FL 33884
US**

Mailing Address

**120 LAKE RING DRIVE
WINTER HAVEN FL 33884
US**

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

**59-2592199
APPLIED FOR**

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

**MERSEREAU, GAIL P
120 LAKE RING DRIVE
WINTER HAVEN FL 33884**

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

Gail P. Mersereau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-29-02

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 ☐ Delete
NAME PD
STREET ADDRESS MERSEREAU, GAIL P
CITY-ST-ZIP 120 LAKE RING DRIVE
WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS STORK, DONNA
CITY-ST-ZIP PO BOX 3366
WINTER HAVEN FL 33885

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS Sheiton, Rosemary
CITY-ST-ZIP 307 Kendall Dr.
Winter Haven, FL 33884

TITLE ☐ Delete
NAME SD
STREET ADDRESS BECK, LAURICE
CITY-ST-ZIP 6988 HATCHINETA ROAD
WINTER HAVEN FL 33884

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS Kathy Williams, Kathy
CITY-ST-ZIP 1224 Tangerine Parkway
Winter Haven, FL 33884

TITLE ☐ Delete
NAME TD
STREET ADDRESS ESCO, LINDA
CITY-ST-ZIP 127 SOUTHERN PINE WAY
DAVENPORT FL 33837

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS Tracy Harris, Tracy
CITY-ST-ZIP 4301 Larrys Lagoon
Winter Haven, FL 33884

TITLE ☐ Delete
NAME CD
STREET ADDRESS WOELFEL, DIANE
CITY-ST-ZIP 501 SOUTH LAKE FLORENCE DRIVE
WINTER HAVEN FL 33884

TITLE ☒ Change ☐ Addition
NAME CD
STREET ADDRESS Prouvcher, Joan
CITY-ST-ZIP 2102 Jonathan Lane SE
Winter Haven, FL 33884

TITLE ☐ Delete
NAME SD
STREET ADDRESS HANEY, PEGGY
CITY-ST-ZIP 2109 BETTY ANN DRIVE
AUBURNDAL FL 33823

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS Sackett, Marcia
CITY-ST-ZIP 2540 14 St. SE
Winter Haven, FL 33884

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02 863-324-6401

Date

Daytime Phone #

CR2E037 (9/01)