

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90087 045 \*\*\*550.00

976095



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000004705**

1. Entity Name  
**LAPTOPDOGS.COM, INC.**

Principal Place of Business

**121 E. HIBISCUS BOULEVARD  
 MELBOURNE FL 32901**

Mailing Address

**121 E. HIBISCUS BOULEVARD  
 MELBOURNE FL 32901**

*change to  
 720 E. New Haven Ave  
 #2, Melbourne,  
 FL 32901*

2. Principal Place of Business

**720 E NEW HAVEN AVE**

3. Mailing Address

**720 E. NEW HAVEN AVE**

Suite, Apt. #, etc.

**SUITE # 2**

Suite, Apt. #, etc.

**SUITE # 2**

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE, FL**

Zip

**32901**

Country

**US**

Zip

**32901**

Country

**US**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSAL, ARMANDO E  
 121 E. HIBISCUS BOULEVARD  
 MELBOURNE FL 32901**

*change address  
 2060 Palm Bay Rd #2  
 Palm Bay, FL 32905*

7. Name and Address of New Registered Agent

Name

**ROSAL, ARMANDO E**

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

**2060 PALM BAY RD #2**

City

**PALM BAY**

**FL**

Zip Code

**32905**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RICHMOND, RICHARD R 720 E NEW HAVEN AVE #2 MELBOURNE FL 32901-5474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF FINANCIAL OFFICER PAUL MOURITSEN 720 E NEW HAVEN AVE #2 MELBOURNE, FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02

(321) 951-0000

Date

Daytime Phone #

CR2E034 (4/02)