FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Sep 02, 2002 8:00 am Secretary of State

	WENT# P0000002	9883			09-02-2002	2 90050 025	***150.00
1. Entity Na				. /	'		
LAURME 	CT, INC.			V	to		
			; ·		0113	6.1.6	
D	O NOT WRITE	IN THIS SF	ACE				
2. Principal Place of Business 3. Mailing Address 1050 LONGBOAT KEY CLUB 1050 LONGBOAT			TAC	KEY CLUE	3		
Suite, Apt. #, etc. ROAD, #202 Suite, Apt. #, etc. ROAD, #202					DO NOT WRITE IN THIS SPACE		
	BOAT KEY, FL LONGBOAT KEY			FL	4. FEI Number 65-0093764		Applied For Not Applicable
Zip 34228	Country USA	Zip 34228	Country USA		5. Certificate of Status Desired	\$8.75 Fee Red	Additional
	1				7. Name and Address of Current Re		
	· · · · · · · · · · · · · · · · · · ·			Name RENEA M	1. GLENDINNING		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BOULEVARD			
	IN THIS SP	ACE	ŀ	T828 KI	NGLING BOULEVARD		
	111 11110 01	AOL					
	<u> </u>	•	·	City SARASOT	'A	FL Zip Ci	ode 236
8. The above	e named entity submits this statemen	nt for the purpose of chang	ing its regi	istered office or r	egistered agent, or both, in the State o	f Florida.	= 0
							ĺ
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicat	do (N	OTE: Posistored A	gent signature required when reinstating)		
				e is \$150.00	gent signature required when reinstating)	DATE	
9. This corpo	pration is eligible to satisfy its Intang- requirement and elects to do so.	After Ma	y 1, Fee i	s \$550.00	10. Election Campaign Finan	cina \$	5.00 May Be
(See criter	ria on back)	Amend Make Check Paya	ed UBR is able to De		Trust Fund Contribution		doed to Fees
11.	OFFICERS AND D		7				
TITLE	DIRECTOR		TITLE				CR2E034B (12/01)
NAME	REGAN, GERALD		NAME	1			[2]
STREET ADDRESS CITY • ST - ZIP	140 SHORE DRIVE			TADORESS ST-ZIP			28
TITLE	BEDFORD, NOVA S DIRECTOR	CULIA BAA Z.	TITLE	51 - ZIP			
NAME	REGAN, LAURA P		NAME				[8
STREET ADDRESS				TADORESS	•		
CITY - ST - ZIP	NEW YORK, NY 10024			ST - ZIP			
TITLE			TITLE				
STREET ADDRESS			NAME		-		1
CITY - ST - ZIP		· • =	CITY S	TADDRESS	DO NOT W	RITE	water of the
TITLE			TITLE		IN THIS SP		
NAME			NAME		114 11113 35	ACE	
STREET ADDRESS	•			ADDRESS			
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		CITY - S	ST - ZIP			
TITLE NAME			TITLE NAME				
STREET ADDRESS	'			ADDRESS	•		i
CITY - ST - ZIP			CITY - S	ST - ZIP			ì
TITLE		·	TITLE				
NAME STREET ADDRESS			NAME	**********			
CITY - ST - ZIP			CITY - S	ADORESS T - ZIP	•		
13. I hereby cer	rtify that the information supplied wit	h this filing does not qualify	for the ex	emption stated in	n Section 119.07(3)(i), Florida Statutes	. I further certify	that the
information	indicated on this report or suppleme	ental report is true and acc	urate and t	that my signature	e shall have the same legal effect as if required by Chapter 607, Florida Statu	made under oat	h: that I am
appears in l	Block 11 or on an attachment with a	address, with all other like	e empowe	ered.	required by enabler our, Florida Statt	nes, and that m	y dame
S. NATU	IRE. V Hand	Ronne	1		11.015-9000	919 40	72222
	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING	OFFICER C	R DIRECTOR	Date	フレス 7.7 Daytime Phone #	ANUC
					→		1

STF <232381F.1



Kerkering, Barberio & Co., P.A.

Certified.Public.Accountants



October 29, 2001

State of Florida
Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Laurmet, Inc.

Dear Sir or Madam:

Enclosed is the completed Application for Reinstatement for Laurmet, Inc., along with a check made payable to Department of State in the amount of \$150.

As you can see, the address shows Apartment 806. The correct address is Apartment 202. Since the original notice was sent to Apartment 806, my client never received it. This is a condominium complex and the only name on the application was Laurmet, Inc. The people who handle the mail at the condominium did not know who owned Laurmet, Inc. Mrs. Regan, an officer of the corporation, just happened to be in the office of the condominium and saw the reinstatement application. It was by pure coincidence that she got the reinstatement application. In addition, since this was the first time for sending a Uniform Business Report, the client was unaware of this filing requirement.

Due to the fact that this notice was the first one actually received by Laurmet, Inc., we are requesting that the Application for Reinstatement be accepted with the \$150 payment.

Thank you for your consideration in this matter.

Very truly yours,

KERKERING, BARBERIO & CO., P.A.

COPY

Renea M. Glendinning, CPA

RMG/st Enclosure C: Gerald Regan



AHachmen

Kerkering, Barberio & Co., P.A.

Certified Public Accountants

Principals

Allan J. Barberio, CPA*/CFP* Charles R. Baumann, CPA*

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Susan B. Grundy, CPA*/ABV4 Kathleen A. Hargreaves, CPA*

Richard J. Kerkering, CPA* (Ret.)

Renea M. Glendinning, CPA*/CLU*

August 15, 2002

State of Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Laurmet, Inc.

Dear Sir or Madam:

My client, Laurmet, Inc., did not receive their 2001 Uniform Business Report because there was an incorrect address on the report. We wrote a letter dated October 29, 2001, explaining the change of address. Apparently, the change of address was never made on the records of the Department of State.

It was just discovered that they did not receive the 2002 Uniform Business Report, presumably because of the incorrect address. Therefore, we are now submitting the 2002 Uniform Business Report, along with a check in the amount of \$150. Please accept the payment in full and see that the address is corrected (Apartment 202, not Apartment 806).

Thank you for your assistance in this matter.

Very truly yours.

KERKERING, BARBERIO & CO., P.A.

Renea M. Glendinning, CP.

RMG/pg

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1858 Ringling Boulevard, Sarasota, Florida 34236 • P.O. Box 49348, Sarasota, Florida 34230-6348 Tel (941) 365-4617 Fax (941) 954-3207 • E-mail: kbcpa@kbgrp.com Internet: www.kbgrp.com