

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91799 001 ***150.00
 05-18-2001 91799 002 *****8.50

DOCUMENT

1. Entity Name

LAGER HAUS CORP.

Principal Place of Business

Mailing Address

PALM HARBOR 2044 SIMEON DR
 34683

2. Principal Place of Business

3. Mailing Address

PALM HARBOR 2044 SIMEON DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

PALM HARBOR FL

4. FEI Number

59-3634715

Applied For

Not Applicable

Zip

Country

34683

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

73355

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FRANZ ROTHSCHADL

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

2044 SIMEON DR.

City

PALM HARBOR

FL

Zip Code

34683

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.

FRANZ ROTHSCHADL

4/30/2001

(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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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
 PRESIDENT
 FRANZ ROTHSCHADL ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 DIRECTOR
 JOSEPH FISHER ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANZ ROTHSCHADL, PRESIDENT

Date

Daytime Phone #

727 639 9436

CR2034 (11/00)