

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90041 046 ***150.00

DOCUMENT # P00000032650

1. Entity Name

GEORGE LASS, INC.

Principal Place of Business

196 WOODLAND DRIVE
PALM SPRINGS FL 33461

Mailing Address

196 WOODLAND DRIVE
PALM SPRINGS FL 33461

2. Principal Place of Business

17201 41st Rd N.

3. Mailing Address

17201 41st Rd N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

4. FEI Number

65-0995482

Applied For

Not Applicable

Zip

33470

Country

Palm Beach

Zip

33470

Country

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name George R. Lass

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

17201 41st Rd N.

City Loxahatchee

FL

Zip Code 33470

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.

George R. Lass

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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 PSTD ☐ Delete
NAME LASS, GEORGE
STREET ADDRESS 196 WOODLAND DRIVE
CITY-ST-ZIP PALM SPRINGS FL 33461

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)