

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90161 035 ***150.00

DOCUMENT # P00000034238

1. Entity Name
LAFONTAINE CORPORATION



Principal Place of Business
1460 LAGUNA LANE
PEMBROKE PINES FL 33026

Mailing Address
1460 LAGUNA LANE
PEMBROKE PINES FL 33026

2. Principal Place of Business

2625 39TH AVE N.E.
Suite, Apt. #, etc.

3. Mailing Address

2625 39TH AVE N.E.
Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA

Zip **34120** **Country** **US**

City & State
NAPLES, FLORIDA

Zip **34120** **Country** **US**

4. FEI Number **65-1093115**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LAFONTAINE, ANTONIO J
1460 LAGUNA LANE
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name **LAFONTAINE, ANTONIO JR.**
Street Address (P.O. Box Number is Not Acceptable) **2625 39TH AVE N.E.**
City **NAPLES** **FL** **Zip Code** **34120**

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)

3/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ **Delete**
NAME **LAFONTAINE, ANTONIO J**
STREET ADDRESS **1460 LAGUNA LANE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ **Change** ☐ **Addition**
NAME **LAFONTAINE, ANTONIO JR.**
STREET ADDRESS **2625 39TH AVE N.E.**
CITY-ST-ZIP **NAPLES, FLORIDA 34120**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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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 607, 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

3/24/03 (239)253-1756

Date **Daytime Phone #**

CR2E034 (10/02)