2001 UNIFORM BUSINESS REPORT (UBR)

P00000061292

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 11:28

645347

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000061292

1. Entity Name

LAIDLER & POUGH OF JACKSONVILLE INC.

Principal Place of Business	Mailing Address
355 MONUMENT RD. APT 22F JACKSONVILLE FL 32225	355 MONUMENT RD. APT 22F JACKSONVILLE FL 32225

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3655796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POUGH, WILLIAM G
355 MONUMENT RD, APT 22F
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

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

City / State / Zip Code

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: William G. Pough — (New Registered Agent's Signature, required if this box is checked) — 4/23/01

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	P LAIDLER, RONSCHELLE 3540 WENTWORTH CIRCLE WEST JACKSONVILLE FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004342519--7 -06/05/01--01099--007 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POUGH, SINCERAA 355 MONUMENT RD, APT 22F JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POUGH, WILLIAM 355 MONUMENT RD, APT 22F JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAIDLER, ROBERT 3540 WENTWORTH CIRCLE W JACKSONVILLE FL 32277	☐ 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

5/31

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: William G. Pough 4/23/01 (904) 721-1580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number