

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061292

1. Entity Name

LAILLER & POUGH OF JACKSONVILLE INC.

Principal Place of Business

355 MONUMENT RD. APT 22F  
JACKSONVILLE FL 32225

Mailing Address

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

59-3655786

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

FL

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 Pough Secretary DATE 1-7-02

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

TITLE NAME ☐ Delete  
P  
LAILLER, RONSCHELLE  
STREET ADDRESS 3540 WENTWORTH CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE NAME ☐ Delete  
V  
POUGH, SINCERAA  
STREET ADDRESS 355 MONUMENT RD, APT 22F  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE NAME ☐ Delete  
S  
POUGH, WILLIAM  
STREET ADDRESS 355 MONUMENT RD, APT 22F  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE NAME ☐ Delete  
T  
LAILLER, ROBERT  
STREET ADDRESS 3540 WENTWORTH CIRCLE W  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

William Pough  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 (904) 509-1721

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90012 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)