

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067054

1. Entity Name

LAZERWEAR, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90160 020 ***158.75

Principal Place of Business

5915 BENEVA ROAD
SARASOTA FL 34230

Mailing Address

5915 BENEVA ROAD
SARASOTA FL 34230

00000431

2. Principal Place of Business

4614 Ashberry Dr.

3. Mailing Address

~~4614~~ 4411 Bee Ridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JARASOTA FLORIDA

City & State

Sarasota Florida

4. FEI Number

65-1028311

Applied For

Not Applicable

Zip

Country

34234

Sarasota

Zip

Country

34233

Sarasota

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

OSTEMA, LOREN
5915 BENEVA ROAD
SARASOTA FL 34230

Name

LOREN OSTEMA

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

4614 Ashberry Dr.

City

Sarasota

FL

Zip Code

34234

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]

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, 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 ☐ Delete
NAME President
STREET ADDRESS LOREN OSTEMA
CITY-ST-ZIP 4614 Ashberry Dr.
SARASOTA, FL 34234

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Jonathan Kaye
CITY-ST-ZIP 5906 48th East
Bredenton FL 34203

TITLE ☐ Delete
NAME LOREN OSTEMA
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/11/2001

Date

941-358-0106

Daytime Phone #

CR2E034 (10/00)