

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91288 005 ***150.00

DOCUMENT # P00000106569
1. Entity Name LaserOne Corporation

Principal Place of Business **Mailing Address**

A0067796

2. Principal Place of Business **3. Mailing Address**
8895 North Military Trail **8895 North Military Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite E-300 **Suite E-300**

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
Palm Beach Gardens, FL **Palm Beach Gardens, FL** **65-1075855** **Not Applicable**
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
33410 **U.S.A.** **33410** **U.S.A.** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
David M. Bovi, P.A. **Name**
319 Clematis Street **Street Address (P.O. Box Number is Not Acceptable)**
Suite 812
West Palm Beach, Florida 33401 **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 **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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** **Trust Fund Contribution.**
XX **Make Check Payable to Department of State** ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D/C/T/S/
STREET ADDRESS		STREET ADDRESS	Joseph M. Ermalovich
CITY-ST-ZIP		CITY-ST-ZIP	32060 Fruehauf Avenue
			Frasier, Michigan 48026
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D/CEO
STREET ADDRESS		STREET ADDRESS	Donald Nash
CITY-ST-ZIP		CITY-ST-ZIP	1616 LaTuna PL SE
			Albuquerque, New Mexico 87123
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P
STREET ADDRESS		STREET ADDRESS	Frank A. Fazio
CITY-ST-ZIP		CITY-ST-ZIP	1971 Brandywine Road, 09-203
			West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D/VP
STREET ADDRESS		STREET ADDRESS	Alan E. Hill
CITY-ST-ZIP		CITY-ST-ZIP	17 El Arco Drive
			Albuquerque, New Mexico 87123
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Frank A. Fazio* **Frank A. Fazio** **April 27, 2001** **(561) 691-9956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CP25034 (11/00)