

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

200

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 048 ***150.00

DOCUMENT #

P00000106971

1. Entity Name

Laser Quarry, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

448 NW Canterbury Ct.

Suite, Apt. #, etc.

3. Mailing Address

448 NW Canterbury Ct.

Suite, Apt. #, etc.

10001000

DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number
650156727

Applied For
Not Applicable

Zip
34983

Country
St. Lucie

Zip
34983

Country
St. Lucie

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Liliam D. Ubilla

Street Address (P.O. Box Number is Not Acceptable)
448 NW Canterbury Ct.

City
Pt. St. Lucie

FL

Zip Code
34983

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)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Liliam D. Ubilla
448 NW Canterbury Ct.
Port St. Lucie, FL 34983

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)