

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000013610

FILED  
Sep 12, 2002  
Secretary of State

Entity Name: LAMINATION CITY, INC.

**Current Principal Place of Business:**

3475 SHERIDAN STREET  
SUITE 204  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3475 SHERIDAN STREET  
SUITE 204  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-1083552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRIEDMAN, DAVID  
Address: 3475 SHERIDAN STREET SUITE 204  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: SCOTT, TIMOTHY  
Address: 3475 SHERIDAN STREET SUITE 204  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: ABBOT, CHARLES R  
Address: 3475 SHERIDAN STREET SUITE 204  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GOLGSTEIN, ROBERT  
Address: 4351 NW 63 AVE  
City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY SCOTT

D

09/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date