

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90169 007 \*\*\*158.75

0104900 AV

**DOCUMENT # P01000014683**

1. Entity Name

LAURA DAVID, INC.

Principal Place of Business  
 9362 BENTLEY PARK CIRCLE  
 ORLANDO FL 32819

Mailing Address  
 9362 BENTLEY PARK CIRCLE  
 ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 4833 Cypress Woods Drive  
 Suite, Apt. #, etc. Suite 4303  
 City & State Orlando, FL  
 Zip 32811 Country USA

3. Mailing Address  
 4833 Cypress Woods Dr.  
 Suite, Apt. #, etc. Ste 4303  
 City & State Orlando, FL  
 Zip 32811 Country USA

4. FEI Number Applied For  
☒ Not Applicable  
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, DOUGLAS  
 9362 BENTLEY PARK CIRCLE  
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Laura David  
 Street Address (P.O. Box Number is Not Acceptable)  
 4833 Cypress Woods Drive #4303  
 City Orlando FL Zip Code 32811

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 Laura David, Laura David, President 3/18/02  
(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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P, S Laura David
STREET ADDRESS	4833 Cypress Woods Dr. #4303
CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V, T Douglas David
STREET ADDRESS	4833 Cypress Woods Dr. #4303
CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Laura David, Laura David 3/18/02 407.426.7908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)