

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90111 036 ***150.00

DOCUMENT # P01000031629

1. Entity Name

THE LAURALYNN COLLECTION, INC.

Principal Place of Business

Mailing Address

**43 BRICE LN
 PALM COAST FL 32137**

**43 BRICE LN
 PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLAGLER BEACH, FL

FLAGLER BEACH, FL

Zip
32136

Country
USA

Zip
32136

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRINEOU, DONNA

43 BRICE LN

PALM COAST FL 32137

Name

IRINEOU, DONNA

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

622 S. 23RD ST

City

FLAGLER BEACH FL

Zip Code

32136

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

Donna Irineou **DONNA IRINEOU**

1/14/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
IRINEOU, DONNA
43 BRICE LN
PALM COAST FL 32137

☐ Delete

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☐ Change ☐ Addition

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:

Donna Irineou **DONNA IRINEOU**

Date

Daytime Phone #

386 439 6384

CR2034 (9/01)