

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91886 020 ***150.00

DOCUMENT # P01000070485

1. Entity Name
THE LAMINATE STORE INTERNATIONAL, INC.



Principal Place of Business
**4010 SW 30TH AVE
FT LAUDERDALE FL 33312**

Mailing Address
**4010 SW 30TH AVE
FT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Po Box 638

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Mt. Airy MD

Zip

Country

Zip

Country

21771

4. FEI Number **65-1123089**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELDERKIN, MICHAEL
4010 SW 30TH AVE
FT LAUDERDALE FL 33312**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Elderkin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete
NAME **JOHNSON, JR., JAMES**
STREET ADDRESS **8835 ST RD 84**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDS** ☐ Delete
NAME **ELDERKIN, MIKE**
STREET ADDRESS **4914 NW 91 TERR.**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME **Karen Krueger**
STREET ADDRESS **14924 Chelsea Circle**
CITY-ST-ZIP **Mt. Airy, MD 21771**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Karen Krueger**
STREET ADDRESS **14924 Chelsea Circle**
CITY-ST-ZIP **Mt. Airy MD 21771**

TITLE **Secretary** ☐ Delete
NAME **Karen Krueger**
STREET ADDRESS **14924 Chelsea Circle**
CITY-ST-ZIP **Mt. Airy, MD 21771**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Karen Krueger**
STREET ADDRESS **14924 Chelsea Circle**
CITY-ST-ZIP **Mt. Airy, MD 21771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

301-829-6136

Daytime Phone #

CR2E034 (10/02)