

FILED
May 12, 2002 8:00 am
Secretary of State

03-25-2002 90188 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073755

1. Entity Name
LASERMAGIC, INC.

Principal Place of Business
223 CANAL STREET
NEW SMYRNA BEACH FL 32168

Mailing Address
223 CANAL STREET
NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 EAST CIRCLE**100 EAST CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 East Circle**100 East Circle**

City & State

City & State

New Smyrna Beach, FL**New Smyrna Beach, FL**

4. FEI Number

593735247

Applied For

Not Applicable

Zip

Country

Zip

Country

32168**USA****32168****USA**5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, ROBERT E
223 CANAL STREET
NEW SMYRNA BEACH FL 32168

Name **Allen Robert E.**

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

100 East Circle**New Smyrna Beach**

City

FL

Zip Code

32168

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

Signature, typed or printed name of registered agent and date 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP						
	WILEY, ROBERT W	100 EAST CIRCLE	NEW SMYRNA BEACH FL 32168				
	DT						
	ALLEN, ROBERT E	650 WELLESLEY COURT	NEW SMYRNA BEACH FL 32168				
	DS						
	HALL, FRANK	110 RICHPORT LANE	EDGEWATER FL 32131				
	D.						
	SMITH, MICKEY W	804 8TH AVE	NEW SMYRNA BEACH FL 32168				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)