

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90225 018 \*\*\*150.00

**DOCUMENT # P01000077027**

1. Entity Name  
**AMY M. LASTER, P.A.**



Principal Place of Business  
**16421 E SHIRLEY SHORES RD  
TAVARES FL 32778**

Mailing Address  
**16421 E SHIRLEY SHORES RD  
TAVARES FL 32778**

**5821 Plum Pudding Ct.**

2. Principal Place of Business  
**Orlando, FL 32801**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

City & State  
**Orlando FL**

City & State  
**Same**

Zip  
**32821** Country  
**US**

Zip  
**Same** Country  
**Same**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3731852**

Applied For  
☐ Not Applicable

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**

**LASTER, AMY M**

**16421 E SHIRLEY SHORES RD  
TAVARES FL 32778**

*above*

Name

**N/A**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
LASTER, AMY M  
16421 E SHIRLEY SHORES RD  
TAVARES FL 32778** ☐ Delete *above*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LASTER, GARY  
16421 E SHIRLEY SHORES RD  
TAVARES FL 32778** ☐ Delete *above*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4-14-03**

**407-538-3815**

CR2E034 (10/02)