

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000079107**1. Entity Name  
**AL LAURSEN, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT - 7 PM 12:01

Principal Place of Business  
**9810 HIDDEN LN  
PORT RICHEY FL 34668**Mailing Address  
**9810 HIDDEN LN  
PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Home**3. Mailing Address  
**9810 HIDDEN LANE  
APT 1**City & State  
**Port Richey**City & State  
**Port Richey**4. FEI Number  
**59-3735739**Applied For  
☐ Not ApplicableZip  
**34668**Country  
**Pasco**Zip  
**34668**Country  
**Pasco**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

**LAURSEN, ALFRED  
9810 HIDDEN LN  
PORT RICHEY FL 34668****ADD APT 1**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **LAURSEN, ALFRED**  
STREET ADDRESS **9810 HIDDEN LN**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **PTS** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS **9810 HIDDEN LANE APT 1**  
CITY-ST-ZIP **Port Richey Fla 34668**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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: **SIGATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/13/02**

CR2E034 (4/02)

*Attachment*

*678100*

*#PO1000079107*

***White Dove Business & Financial Services, Inc.***

***11720 U.S. 19, Suite 6  
Port Richey, FL 34668  
(727) 861-2722  
FAX: (727) 861-7190***

***September 13, 2002***

***Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314***

***ATTN: Melissa Lilliston***

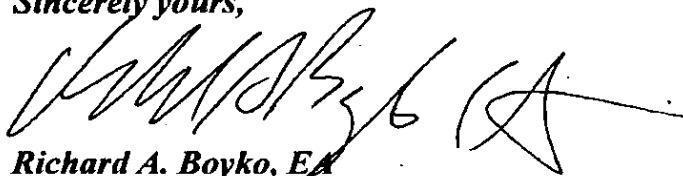
***RE: Uniform Business Report***

***Dear Melissa:***

***Please find a check in the amount of \$150.00 and the annual report with the address changes as we had discussed. We request an abatement of the penalties due to late filing. The report being submitted is the first the taxpayer received. Apparently, the postman recognized the name and placed the form in the correct box. As a result of this, the taxpayer did not receive the form to file.***

***Please do not hesitate to contact me with any questions or for any information you may require.***

***Sincerely yours,***



***Richard A. Boyko, EA***