

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90072 045 ***150.00

DOCUMENT # P01000108371 ✓

1. Entity Name

LAF HOLDINGS, INC
dba: THE ISLAND BUMMER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RAILROAD PLAZA

3. Mailing Address

P.O. BOX 1502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA GRANDE, FL

City & State

BOCA GRANDE, FL

4. FEL Number

593754871

Applied For

Not Applicable

Zip

33921

Country

USA

Zip

33921

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAURIE ANN FOOTE

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

22078 BEVERLY AVE

City

Pt Charlotte

FL

Zip Code

33952

**DO NOT WRITE
IN THIS SPACE**

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

Laurie A. Foote

4/29/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT
NAME LAURIE A. FOOTE
STREET ADDRESS 22078 BEVERLY AVE
CITY - ST - ZIP PT CHARLOTTE, FL 33952

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie A. Foote

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

941 964 2636

Daytime Phone #

CR2E034B (12/01)