

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 011 ***150.00

0086278 AV

DOCUMENT # P01000108643

1. Entity Name
LAVO LADASIC, INC.



Principal Place of Business
3597 COSMOS ST
PALM BEACH GARDENS FL 33411

Mailing Address
3597 COSMOS ST
PALM BEACH GARDENS FL 33411

2. Principal Place of Business

210 BRANT RD

3. Mailing Address

3597 COSMOS ST

Suite, Apt. #, etc.

Suite # 58

Suite, Apt. #, etc.

City & State

L.P., FL.

City & State

Palm Beach Gdns., FL.

Zip

33404

Country

P.B.

Zip

33410

Country

P.B.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1157017**

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

LADASIC, EDGAR
3597 COSMOS ST
PALM BEACH GARDENS FL 33411

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LADASIC, EDGAR**
STREET ADDRESS **3597 COSMOS ST**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33411**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/30/03
Date

Daytime Phone #

CR2E034 (10/02)