

FILED

Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90481 016 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108820

1. Entity Name

LAISSEZ LES BONNS TEMPS ROULER, INC.

Principal Place of Business

868 BLANDING BLVD. UNIT 112
ORLANDO FL 32073

Mailing Address

868 BLANDING BLVD. UNIT 112
ORLANDO FL 32073

2. Principal Place of Business

SAME AS ABOVE EXCEPT
Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE EXCEPT
Suite, Apt. #, etc.

City & State

ORANGE PARK

City & State

ORANGE PARK

Zip

32065

Country

Zip

32065

Country

4. FEI Number

22-3850231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

NATHAN PRATT

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

868 BLANDING BLVD, UNIT 112

City

ORANGE PARK

FL

Zip Code

32065

6. Name and Address of Current Registered Agent

PRATT, NATHAN

868 BLANDING BLVD, UNIT 112

ORLANDO FL 32073

ORANGE PARK, FL 32065

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 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)

☒

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

904-553-3500

Daytime Phone #

CR2E034 (9/01)

Attachment
96346

#P01000108820

NAME: NATHAN PRATT

TITLE: PRESIDENT

ADDRESS: 2223 ASTOR STREET - DAZ[#] 5
ORANBE PARK, FL 32073