

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114324

1. Entity Name
LASERPRINT, INC.



FILED

03 SEP -5- PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**885 TALLEVAST ROAD SUITE A
SARASOTA FL 34243**

Mailing Address
**885 TALLEVAST ROAD SUITE A
SARASOTA FL 34243**



2. Principal Place of Business
885 TALLEVAST ROAD

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4485695**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTIAGO, VICTOR G ESQ
C/O BARNES WALKER, CHARTERED
3119 MANATEE AVENUE WEST
BRADENTON FL 34205**

Name

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

City

**006-4500003-1009068796
DENY JULY 2004 00
08/25/03-01092-000**

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.

**400022555584
08/25/03-01092-000 **550.00**

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 S NAME STREET ADDRESS CITY-ST-ZIP	MS. SHEETZ, SARA A S 5450 BENT GRASS #114 SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	MR. BREMSE, FRANK J T 7426 OAK CIRCLE COURT MIDDLETON WI 53562	<input type="checkbox"/> Delete
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	MR. WETZEL, DEREK L V 5450 BENT GRASS #114 SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	MR. SWARTZENDRUBER, DEREK J P 338 BOW LANE BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	MR. SHEETZ, BRUCE L V 4740 COMPASS DRIVE BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	MR. MILLER, GARETH A V 526 75TH STREET HOLMES BEACH FL 34217	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500022555584 08/25/03-01092-000 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Connie Sheetz** **July 22, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)