

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90852 045 ***150.00

DOCUMENT # P01000116956

1. Entity Name
LAGUNAS AUTO SALES, INC.



Principal Place of Business
LAGUNAS AUTO SALES
2519 OKEECHOBEE RD
FORT PIERCE FL 34947

Mailing Address
LAGUNAS AUTO SALES
2519 OKEECHOBEE RD
FORT PIERCE FL 34947



2. Principal Place of Business
2519 Okeechobee Rd
Suite, Apt. #, etc.

3. Mailing Address
2519 Okeechobee Road
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Pierce Florida
Zip
34947
Country
St U.S.A

City & State
Fort Pierce Florida
Zip
34947
Country

4. FEI Number
22-3857268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAGUNAS, MARTIN
2706 OHIO AVE
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name
Martin Lagunas
Street Address (P.O. Box Number is Not Acceptable)
2706 Ohio Ave
City
Fort Pierce FL Zip Code
34947

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 **Martin Lagunas**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAGUNAS, MARTIN 2519 OKEECHOBEE RD FORT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAGUNAS, VICTORIA 2519 OKEECHOBEE RD FORT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	<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 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: **Martin Lagunas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03
Date

772/466-0038
Daytime Phone #

CR2E034 (10/02)

Attachment

10004806
#P01000116956

ATTACHMENT

Attn: Uniform business report

P01000116956

We paid last years fee, and we agree to pay
this year, because we hope that we can open
this year.

Thankyou for your time

MARTIN LAGUNAS.

VICTORIA LAGUNAS

Martin-Lagunas

Victoria Lagunas