

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90169 010 ***150.00

DOCUMENT # P02000002787

1. Entity Name
LAPTOPEXPERIENCE, INC.



Principal Place of Business
765 BRUCE AVE.
CLEARWATER FL 33767

Mailing Address
765 BRUCE AVE.
CLEARWATER FL 33767



2. Principal Place of Business

3. Mailing Address

5016 N Florida Ave
Suite, Apt. #, etc.

5016 N Florida Ave
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

City & State

Tampa FL

Tampa FL

4. FEI Number

33-1022562

Applied For

Not Applicable

Zip

Country

33603

Hillsborough

Zip

Country

33603

Hillsborough

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

MALLIN, JONATHAN

765 BRUCE AVE. 5016 N Florida Ave
CLEARWATER FL 33767 Tampa FL 33603

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MALLIN, JONATHAN**
STREET ADDRESS **765 BRUCE AVE.**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D.P.** ☒ Change ☐ Addition
NAME **Jonathan Mallin**
STREET ADDRESS **5016 N Florida Ave**
CITY-ST-ZIP **Tampa FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D.P.** ☐ Change ☒ Addition
NAME **Aaron Rose**
STREET ADDRESS **5016 N Florida Ave**
CITY-ST-ZIP **Tampa FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Aaron Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

813/477-2171
Daytime Phone #

CR2E034 (10/02)