

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

FILED

DOCUMENT # P02000048318

1. Entity Name

Laurence Capital Management, Inc



03 OCT 15 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5479 NW 20th Ave

Suite, Apt. #, etc.

3. Mailing Address

5479 NW 20th Ave

Suite, Apt. #, etc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE 0.3

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

04-3659246

Applied For

Not Applicable

Zip

33496

Country

Zip

33496

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Steven Wunsch

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

5479 NW 20th Ave

Boca Raton

FL

Zip Code 33496

**DO NOT WRITE
IN THIS SPACE**

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

Steven Wunsch, Steven Wunsch, President 10/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 president
NAME Steven Wunsch
STREET ADDRESS 5479 NW 20th Ave.
CITY-ST-ZIP Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven Wunsch, Steven Wunsch 10/8/03 (561) 995-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE
IN THIS SPACE**

2/10/16

Laurence Capital Management, Inc.

October 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I unfortunately do not recall receiving the annual report form/uniform business report form. If I did receive it I certainly would have sent it out in a timely manner. This is my first year having a Florida corporation and was unaware of such a form. I would appreciate it if you would waive the late fee. Enclosed is the company's uniform business report and a check.

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Wunsch". The signature is fluid and cursive, with the first name "Steven" and last name "Wunsch" clearly distinguishable.

Steven Wunsch
President