

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 002 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000051306

1. Entity Name
LAURALOU'S, INC.



11038561

Principal Place of Business
**4185 BONITA BEACH RD
BONITA SPRINGS, FL 34134**

Mailing Address
**376 BURNING TREE DR
NAPLES, FL 34105**

2. Principal Place of Business
FLEAMASTERS

3. Mailing Address
Suite, Apt. #, etc. **SE 13 GRAND PAV** Suite, Apt. #, etc.
MARTIN LUTHER KING BLVD
City & State **FT MYERS FL** City & State
Zip **33916** Country **USA** Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4601 TAMiami TR N
SUITE 300
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

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 operating)

DATE

FILE NOW! FEE IS \$100.00
After May 1, 2003 Fee will be \$600.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROZZERO, LOUIS A 3532 SE 8TH PLACE CAPE CORAL, FL 33904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, LAURA 376 BURNING TREE DR NAPLES, FL 34105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AHLBORN, SUSAN L 376 BURNING TREE DR NAPLES, FL 34105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUKEWICZ, LEON 394 BURNING TREE DR NAPLES, FL 34105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, LAURA 376 BURNING TREE DR NAPLES FL 34105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROZZERO, LOUIS A 3532 SE 8TH PLACE CAPE CORAL FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUKEWICZ, LEON 394 BURNING TREE DR NAPLES FL 34105	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AHLBORN, SUSAN 376 BURNING TREE DR NAPLES FL 34105	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Laura Anderson LAURA ANDERSON 4/28.03 (239) 784 1065
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C12E034 (10/02)