

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90147 002 \*\*\*150.00

**DOCUMENT # P02000057836**

1. Entity Name  
**LAPRADE INVESTMENT CORP**



Principal Place of Business  
**395 S WYMORE RD STE 102  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**395 S WYMORE RD STE 102  
ALTAMONTE SPRINGS FL 32714**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**841 GRAND REGENCY POINTE  
STE 106**

3. Mailing Address  
**P.O. BOX 163004**

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

4. FEI Number  
**01-070-5772**

Applied For  
Not Applicable

Zip  
**32714**

Country  
**US**

Zip  
**32716**

Country  
**US**

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

## 6. Name and Address of Current Registered Agent

**LAPRADE, KEITH  
395 S WYMORE RD STE 102  
ALTAMONTE SPRINGS FL 32714**

## 7. Name and Address of New Registered Agent

Name **KEITH LAPRADE**  
Street Address (P.O. Box Number is Not Acceptable)  
**841 GRAND REGENCY POINTE STE 106**  
City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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

(NOTE: Registered Agent signature required when reinstating)

**3-7-2003**

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	<b>D LAPRADE, GINA 395 S WYMORE RD STE 102 ALTAMONTE SPRINGS FL 32714</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAPRADE, KEITH 395 S WYMORE RD STE 102 ALTAMONTE SPRINGS FL 32714</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONSTANINO, LAUREANO 35 EAST 10TH STREET, 2A NEW YORK NY 10003</b> <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	<b>D GINA LAPRADE 841 GRAND REGENCY POINTE #106 ALTAMONTE SPRING FL 32714</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEITH LAPRADE 841 GRAND REGENCY POINTE #106 ALTAMONTE SPRINGS, FL 32714</b> <input checked="" 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 the empowered.

SIGNATURE: *Keith Laprade* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-2003 407-521-0255**

Date

Daytime Phone #

CR2E034 (10/02)