

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-21-2003 90112 017 ***150.00

DOCUMENT # P02000079522



1. Entity Name
LAUGHING FISH ARTWORKS, INC.

Principal Place of Business
**1348 COTTONWOOD TRAIL
SARASOTA FL 34232**

Mailing Address
**1348 COTTONWOOD TRAIL
SARASOTA FL 34232**

55021907



2. Principal Place of Business
Laughing Fish Artworks

3. Mailing Address

Suite, Apt. #, etc.
5110 Ocean Blvd

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

4. FEI Number
04-3705525

Applied For
Not Applicable

Zip
34242

Country
Sarasota

Zip

Country

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

**KINDERKNECHT, CHERYL H
1348 COTTONWOOD TRAIL
SARASOTA FL 34232**

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 reconstituting)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
KINDERKNECHT, CHERYL H
1348 COTTONWOOD TRAIL
SARASOTA FL 34232** ☐ Delete

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

TITLE
NAME
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CITY - ST - ZIP
**V
GARNER, J. DIANNE
1348 COTTONWOOD TRAIL
SARASOTA FL 34232** ☐ Delete

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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:

SIGNATURE

03-18-03 941-346-9987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)