

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91006 048 ***150.00

DOCUMENT # P02000087530

1. Entity Name
CENTRAL FLORIDA LASER SCREED, INC.



Principal Place of Business
711 NW 23RD AVENUE SUITE 3
GAINESVILLE FL 32609

Mailing Address
711 NW 23RD AVENUE SUITE 3
GAINESVILLE FL 32609

2. Principal Place of Business

3. Mailing Address

1460 William St

Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Principal

City & State

City & State

Leesburg, FL

Zip
34748

Country

USA

Zip

Country

4. FEI Number

43-1546629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, BOBBY JOE JR
711 NW 23RD AVENUE SUITE 3
GAINESVILLE FL 32609

Name

Corbitt S. Todd

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

1460 William St.

City

Leesburg, FL

FL

Zip Code

34748

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

4-28-03

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 **TODD, CORBITT S**
STREET ADDRESS **1460 WILLIAM STREET**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **D** ☐ Delete
NAME **SIMMONS, JAMES G.**
STREET ADDRESS **16351 NE 55TH STREET**
CITY-ST-ZIP **WILLISTON FL 32696**

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

TITLE **D** ☒ Delete
NAME **POWELL, BOBBY JOE JR**
STREET ADDRESS **711 NW 23RD AVENUE SUITE 3**
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **D** ☐ Delete
NAME **MOORE, TERESA ELLEN**
STREET ADDRESS **24842 BARTRAM ROAD**
CITY-ST-ZIP **ASTOR FL 32002**

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

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
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

352-326-9566

Daytime Phone #

POSTED

CR2E034 (10/02)