

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90180 029 ***150.00

0378603 AV

DOCUMENT # P02000100888

1. Entity Name
LAUGHLIN REALTY GROUP, INC.



Principal Place of Business
1201 ALLENDALE RD. SUITE C
WEST PALM BEACH FL 33405

Mailing Address
1201 ALLENDALE RD. SUITE C
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address
7824 GRISWOLD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LANTANA, FL

4. FEI Number
11-3653277

Applied For
Not Applicable

Zip

Country

Zip
33462

Country
US

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

LAUGHLIN, MARILYN
1201 ALLENDALE RD. SUITE C
WEST PALM BEACH FL 33405

Name
LAUGHLIN, MARILYN
Street Address (P.O. Box Number is Not Acceptable)
7824 GRISWOLD ST

City **LANTANA** **FL** **Zip Code** **33462**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **LAUGHLIN, MARILYN**
STREET ADDRESS **1201 ALLENDALE RD., SUITE C**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **LAUGHLIN, MARILYN**
STREET ADDRESS **~~1201 ALLENDALE~~ 7824 GRISWOLD ST.**
CITY-ST-ZIP **LANTANA, FL 33462**

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

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

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: *Marilyn Laughlin* **MARILYN LAUGHLIN** **4/30/03** **561-718-5797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)