

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000118356

FILED
Jan 23, 2003
Secretary of State

Entity Name: LAUGHLIN INVESTMENTS, INC.

Current Principal Place of Business:

3105 BIRDS REST PLACE
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

3105 BIRDS REST PLACE
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 56-2302499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUGHLIN, DON
3105 BIRDS REST PLACE
KISSIMMEE, FL 34743

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA () Change (X) Addition
Name: LAUGHLIN, SARA M TREASUR
Address: 3105 BIRDS REST PLACE
City-St-Zip: KISSIMMEE, FL 34743

Title: PRES () Change (X) Addition
Name: LAUGHLIN, DON R PRES
Address: 3105 BIRDS REST PLACE
City-St-Zip: KISSIMMEE, FL 34743

Title: SEC () Change (X) Addition
Name: LAUGHLIN, DON R SECRETA
Address: 3105 BIRDS REST PLACE
City-St-Zip: KISSIMMEE, FL 34743

Title: V.P. () Change (X) Addition
Name: LAUGHLIN, SARA M V.P.
Address: 3105 BIRDS REST PLACE
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON LAUGHLIN

PRES

01/23/2003

Electronic Signature of Signing Officer or Director

Date