## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO3000/35386 1. Entity Name

DAVID LARAMEY CORP



## **FILED** Jan 15, 2004 8:00 am Secretary of State 01-15-2004 90011 003 \*\*\*150.00

DO NOT WRITE IN THIS SPACE							44002488			
2. Principal Place of Business  8446 GARDENS CIRCLE  Suite, Apt. #, etc.  A A T \			3. Mailing Address 8446 GARDENS CIRCLE Suite, Apt. #, etc. ADT L				DO NOT WRITE IN THIS SPACE			
City & State SAVA 50 TA			City & State SATASOTA				4. FEI Number Applied For Not Applicable			
Zip 34243	3 Country MANATEL		3 7 3 7 7	MANATER.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
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DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)  SYYG (SARGEUS CURCLE APT (					
				BARTE OF THE	City	ASOTA		FL	Zip Code 3 Y J Y J	
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)  January 1 - May 1 Fee is \$150.00										
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>	ncing D	\$5.00 May Be Added to Fees	
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12 hereby c	ertify that th	ne information supplied wit	th this filing does not qualify	for the exe	emption stated	in Section 1	19.07(3)(i), Florida Statutes. I	further certify t	that the information	

rhereby berny that the information supplied with this hinting does not quality for the exemption stated in Section 119.07(3)(j). Florida Statutes, Truther certify that the information indicated on this report or suppliemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ASTORE PIES, 1/13/04