## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P92000006550

LAPLANTE, ERIK

128 SANDOLLAR DR.

PANAMA CITY, FL 32408

Name:

Address: City-St-Zip:

Entity Name: LAPLANTE AIR-CONDITIONING, INC.

FILED Mar 10, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % THOMAS LAPLANTE 128 SANDOLLAR DRIVE PANAMA CITY BEACH, FL 32408 **New Mailing Address: Current Mailing Address:** % THOMAS LAPLANTE 128 SANDOLLAR DRIVE PANAMA CITY BEACH, FL 32408 FEI Number: 59-3157052 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPLANTE, THOMAS 128 SANDÓLLAR DRIVE PANAMA CITY BEACH, FL 32408 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LAPLANTE, THOMAS Name: Name: 128 SANDOLLAR DRIVE Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: Title: VD Title: () Change () Addition () Delete LAPLANTE, SUSAN M Name: Name: 128 SANDOLLAR DRIVE Address: Address: PANAMA CITY BEACH, FL 32408 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS LA PLANTE PD 03/10/2003