

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90146 025 ***150.00

DOCUMENT # P93000005467

1. Entity Name

Larry's Investments, Inc.

DO NOT WRITE IN THIS SPACE

B0057276

2. Principal Place of Business

9120 Corsea Del Fontana Way
Suite, Apt. #, etc.

3. Mailing Address

9120 Corsea Del Fontana Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL 34109

City & State

Naples, FL 34109

4. FEI Number

65-0384060

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

7. Name and Address of Current Registered Agent

Name

L. Daniel Osborne

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

9120 Corsea Del Fontana Way

City

Naples

FL

Zip Code

34109

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

PD
Osborne, L. Daniel
9120 Corsea Del Fontana Way
Naples, FL 34109

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

VPD
McDonald, Larry A.
9120 Corsea Del Fontana Way
Naples, FL 34109

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
Daniel Osborne, President

Date

Daytime Phone #

3/21/02

941-254-8161

CR2E034B (12/01)