

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014787

1. Entity Name  
L.A.R.M., INC.

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90160 009 \*\*\*150.00

Principal Place of Business 11 PINE LAKES PKWY PALM COAST FL 32137 US	Mailing Address 11 PINE LAKES PKWY PALM COAST FL 32137 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4 DEVIN CT Suite, Apt. #, etc.	3. Mailing Address PO BOX 354588 Suite, Apt. #, etc.
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City & State PALM COAST FL	City & State PALM COAST FL
Zip 32137	Country USA
Zip 32135	Country USA

4. FEI Number 59-3161521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORREST, WILLIAM G 11 PINE LAKES PKWY PALM COAST FL 32137
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7. Name and Address of New Registered Agent Name: JAME Street Address (P.O. Box Number is Not Acceptable) 4 DEVIN COURT City: PALM COAST FL Zip Code: 32137
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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: <u>William G. Forrest</u> <u>William G. Forrest</u> <u>4/13/2001</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORREST, WILLIAM G 11 PINE LAKES PKWY PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORREST WILLIAM G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 354588 ADDRESS PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>William G. Forrest</u> <u>William G. Forrest</u> <u>4/13/2001</u> <u>386-447-8989</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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CR2E034 (10/00)