

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90147 025 \*\*\*150.00

**DOCUMENT # P93000072139**

**1. Entity Name**  
**LAURA LEE LASSISE, INC.**



**Principal Place of Business**  
**BLDG. 2-206**  
**1600 NE DIXIE HIGHWAY**  
**JENSEN BEACH FL 34957**

**Mailing Address**  
**BLDG. 2-206**  
**1600 NE DIXIE HIGHWAY**  
**JENSEN BEACH FL 34957**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-0440398**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LASSISE, LAURA LEE**  
**BLDG 20206**  
**1600 NE DIXIE HIGHWAY**  
**JENSEN BEACH FL 34957**

Name

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

City

**FL**

Zip Code

**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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D LASSISE, LAURA LEE**  
**BODG. 2-206, 1600 NE DIXIE HWY**  
**JENSEN BEACH FL 34957**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition

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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Signature of Laura Lee Lassise*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/17/03** **772/334-0589**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

80121025  
P93000072139

5/19/03

Gentleman -

Enclosed is the Uniform Business Report and my check for \$150<sup>00</sup>. As you see on the check, it was written on April 17, 2003. Early the next morning I left to deal with a family illness, asking my husband to please mail this, which he forgot to do.

I returned this weekend and found the form. I called to see if I could have the large fine for late filing waived, considering what had happened. The gentleman I spoke to said I should mail the form along with my \$150<sup>00</sup> check and explain the circumstances.

I would be very grateful if the fine can be waived. If not, can I arrange a payment program, because I have not worked in over a month and money is tight, to say the least.

Sincerely,

Anna Lee Passino