

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000005708**

1. Entity Name

**LARUS COMMUNICATIONS, INC.****FILED****Feb 06, 2001 8:00 am  
Secretary of State**

02-06-2001 90288 022 \*\*\*150.00

Principal Place of Business

**910 S. 8TH STREET, SUITE 106  
FERNANDINA BEACH FL 32034**

Mailing Address

**910 S. 8TH STREET, SUITE 106  
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**100**

Suite, Apt. #, etc.

**100**

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3285191**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMB, MICHAEL W  
910 S. 8TH STREET, SUITE 106  
FERNANDINA BEACH FL 32034**

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.

SIGNATURE

*Michael Lamb* **MICHAEL LAMB SECRETARY/TREASURER****1-31-01**

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)**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. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RASER, WILLIAM J</b>	
STREET ADDRESS	<b>C/O 910 S. 8TH STREET, SUITE 106</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>LAMB, MICHAEL W</b>	
STREET ADDRESS	<b>910 S. 8TH STREET, SUITE 106</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Michael Lamb* **MICHAEL LAMB**

Date

Daytime Phone #

**1-30-01 (904) 277-8012**

CR2E034 (10/00)