

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022442

1. Entity Name

LAUB MAINTENANCE, INC. ✓

Principal Place of Business

580 COLILAE DOWNS LN.  
#2506  
PALM HARBOR FL 34684

Mailing Address

580 COLILAE DOWNS LN.  
#2506  
PALM HARBOR FL 34684

2. Principal Place of Business

4566 Boenock way  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Palm Harbor

Zip

34685

Country

Pinellas

Zip

34685

Country

Pinellas

4. FEI Number

59-3302508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAUB, DAVID A  
4050 EAGLE COVE EAST DR.  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

David A. Laub

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

4566 Boenock way

City

Palm Harbor

FL

Zip Code

34685

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

*David A. Laub*  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE - ☐ Delete  
NAME DP  
STREET ADDRESS LAUB, DAVID  
CITY-ST-ZIP 4050 EAGLE COVE EAST DR.  
PALM HARBOR FL 34685

TITLE - ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE - ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE - ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE - ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE - ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - ☒ Change ☐ Addition  
NAME David A. Laub  
STREET ADDRESS 4566 Boenock way  
CITY-ST-ZIP Palm Harbor, FL 34685

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

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

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

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

TITLE - ☐ Change ☐ Addition  
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 appointed 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:

*David A. Laub*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90001 023 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)