

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

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90077 023 ***558.75

DOCUMENT # **P95000090 691**

1. Entity Name

LOUIE'S LABORERS, INC



24000110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2511 PARK STREET

Suite, Apt. #, etc.

SUITE D

City & State
LAKE WORTH, FLORIDA

Zip

33460

Country

3. Mailing Address

2511 PARK STREET

Suite, Apt. #, etc.

SUITE D

City & State
LAKE WORTH, FLORIDA

Zip

33460

Country

4. FEI Number

65-0635567

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANNUNZIATA LOUIS

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

2511 PARK STREET

SUITE D

City

LAKE WORTH

FL

Zip Code

33460

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
TERESA ANNUNZIATA
2511 PARK STREET
LAKE WORTH, FLORIDA 33460**

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/26/04

CR2E034B (12/02)