2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008969

1. Entity Name

LASTINGER CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90130 019 ***150.00

Principal Place of Business	Mailing Address
5458 HOFFNER AVE STE 304 ORLANDO FL 32812	5458 HOFFNER AVE STE 304 ORLANDO FL 32812-2518

2. Principal Place of Business		3. Mailing Address	
PO Box 440423		PO Box 440423	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32222	Country: USA	Zip: 32222	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3400864 ☐ 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
LASTINGER, DAVID M 5458 HOFFNER AVE STE 304 ORLANDO FL 32812	Name: Street Address (P.O. Box Number is Not Acceptable): 1936 Apopka Dr City: Middleburg FL Zip Code: 32068

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 ______
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D LASTINGER, DAVID M 5458 HOFFNER AVE STE 304 ORLANDO FL 32812 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition PO Box 440423 JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: David Lastinger 1/24/00 (904) 215-4678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #