

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90112 037 \*\*\*158.75

**DOCUMENT # P96000053270**

1. Entity Name

**COURTESY ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~600 N HWY 17-92~~  
**LONGWOOD FL 32750**

~~600 N HWY 17-92~~  
**LONGWOOD FL 32750**

2. Principal Place of Business

**1117 BROWNSHIRE CT.**

3. Mailing Address

**1117 BROWNSHIRE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LONGWOOD, FL**

City & State

**LONGWOOD FL**

Zip

**32779**

Country

**SEMINOLE**

Zip

**32779**

Country

**SEMINOLE**

4. FEI Number

**61-1305182**

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

Name

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

**1117 BROWNSHIRE CT.**

City

**LONGWOOD**

**FL**

Zip Code

**32779**

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, 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	DC	<input type="checkbox"/> Delete
NAME	SWOPE, SAMUEL G	
STREET ADDRESS	703 CRICKLEWOOD TERR	
CITY-ST-ZIP	HEATHROW FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HACKETT, D. KIM	
STREET ADDRESS	472 DEWARS CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	LAZINSK, STEPHEN A	
STREET ADDRESS	1117 BROWNSHIRE CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen A. Lazinsk**

**4/24/01**  
 Date

**407-682-0826**  
 Daytime Phone #

CR2E034 (10/00)