

DOCUMENT # P96000057755
1. Entity Name
LAURAMAR CORP, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90049 021 ***158.75

Principal Place of Business
5384 LEISURE ST.
RIDGE MANOR FL 33525

Mailing Address
P.O. BOX 721
TRILBY FL 33593



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21310 HWY 98N
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Trilby FL.

City & State

Zip
33593

Country
USA

Zip

Country

4. FEI Number 59-3392861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SIMPSON, WILTON E
5384 LEISURE ST.
RIDGE MANOR FL 33525

7. Name and Address of New Registered Agent
Name Simpson, Wilton E
Street Address (P.O. Box Number is Not Acceptable)
21310 HWY 98N
City Trilby FL Zip Code 33593

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 NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, WILTON E 5384 LEISURE ST. RIDGE MANOR FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simpson, Wilton E 21310 HWY 98N Trilby FL- 33593 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
Date 1-5-01 Daytime Phone # 352-583-4648

CR2E034 (10/00)