

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90037 031 ***150.00

DOCUMENT # P96000073834

1. Entity Name

LAUREL INTERCHANGE CORPORATION

Principal Place of Business

**395 COMMERCIAL CT
 SUITE A
 VENICE FL 34292
 US**

Mailing Address

**395 COMMERCIAL CT
 SUITE A
 VENICE FL 34292
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0692398**

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

**MILLER, MICHAEL W
 395 COMMERCIAL CT
 SUITE A
 VENICE FL 34292**

Name

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

City

FL

Zip Code

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	DP	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL W	
STREET ADDRESS	395 COMMERCIAL CT, SUITE A	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PARRISH, JAYNE E	
STREET ADDRESS	395 COMMERCIAL CT, #A	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, TIMOTHY D	
STREET ADDRESS	395 COMMERCIAL CT, SUITE A	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

02/23/01

Date

941-485-5623

Daytime Phone #

CR2E034 (10/00)

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