

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095346

1. Entity Name
LASER EXPRESS REMANUFACTURING, INC.

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90001 006 ***150.00

018552
AV

Principal Place of Business 285 NORTH DRIVE SUITE F MELBOURNE FL 32934 US		Mailing Address 285 NORTH DRIVE SUITE F MELBOURNE FL 32934 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PRICE, FRANKLIN A 285 NORTH DRIVE SUITE F MELBOURNE FL 32934		7. Name and Address of New Registered Agent 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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS TITLE: P NAME: PRICE, FRANKLIN A STREET ADDRESS: 285 NORTH DRIVE SUITE F CITY-ST-ZIP: MELBOURNE FL 32934		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: P NAME: PRICE, FRANKLIN A STREET ADDRESS: 285 NORTH DRIVE SUITE F CITY-ST-ZIP: MELBOURNE FL 32934	
TITLE: VP NAME: BURKARD, GREGORY J STREET ADDRESS: 285 NORTH DRIVE SUITE F CITY-ST-ZIP: MELBOURNE FL 32934		TITLE: VP NAME: BURKARD, GREGORY J STREET ADDRESS: 285 NORTH DRIVE SUITE F CITY-ST-ZIP: MELBOURNE FL 32934	
TITLE: S NAME: BURKARD, KELLY R STREET ADDRESS: 285 NORTH DRIVE SUITE F CITY-ST-ZIP: MELBOURNE FL 32934		TITLE: S NAME: BURKARD, KELLY R STREET ADDRESS: 285 NORTH DRIVE SUITE F CITY-ST-ZIP: MELBOURNE FL 32934	
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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: *Kelly Burkard* (Kelly Burkard/Secretary)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2002

Date

Daytime Phone #

CR2E034 (9/01)