

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90062 050 ***150.00

DOCUMENT # P96000095346

1. Entity Name
LASER EXPRESS REMANUFACTURING, INC.



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

295 North Drive

Suite, Apt. #, etc.

Suite F

City & State
Melbourne, FL

Zip
32934

Country
USA

3. Mailing Address

295 North Drive

Suite, Apt. #, etc.

Suite F

City & State
Melbourne, FL

Zip
32934

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3413006

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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

Franklin A. Price

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

295 North Drive

Suite F

City

Melbourne

FL

Zip Code

32934

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Franklin A. Price/President

(NOTE: Registered Agent signature required when reinstating)

DATE

02/03/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PRICE, FRANKLIN A**
STREET ADDRESS **285 NORTH DRIVE SUITE F**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VP** ☐ Delete
NAME **BURKARD, GREGORY J**
STREET ADDRESS **285 NORTH DRIVE SUITE F**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **S** ☐ Delete
NAME **BURKARD, KELLY R**
STREET ADDRESS **285 NORTH DRIVE SUITE F**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **295 North Drive, Suite F**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **295 North Drive, Suite F**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Franklin A. Price/President

02/03/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)