

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001020

1. Entity Name

HNG - LAUGHLIN SPARES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90085 002 ***150.00

Principal Place of Business

Mailing Address

7432 SUNSHINE SKYWAY LANES
705-D
ST PETERSBURG FL 33711
US

7432 SUNSHINE SKYWAY LANES
705-D
ST PETERSBURG FL 33711-5110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3414796

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAUGHLIN, CLAY
2516 51 ST WAY S.
GULFPORT FL 33707

Name

LAUGHLIN, CLAY

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

7432 SUNSHINE SKYWAY LANE S. SUITE 705-D

City

ST. PETERSBURG

FL

Zip Code

33711

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

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

(NOTE: Registered Agent signature required when reinstating)

03/15/00

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, 2000 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 **P**
NAME **LAUGHLIN, CLAY**
STREET ADDRESS **7432 SUNSHINE SKYWAY LANE S #705-D**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

☐ Delete

TITLE **T**
NAME **LAUGHLIN, MAKI**
STREET ADDRESS **7432 SUNSHINE SKYWAY LANE S #705-D**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

☐ Delete

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☐ Change ☐ 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

CLAY LAUGHLIN 03/15/00

DATE

Daytime Phone #

727-866-8211

CR2E034 (9/99)