

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90151 002 \*\*\*150.00

DOCUMENT # P97000001020

1. Entity Name  
HNG - LAUGHLIN SPARES, INC.

Principal Place of Business  
7432 SUNSHINE SKYWAY LANES  
705-D  
ST PETERSBURG FL 33711  
US

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

2. Principal Place of Business  
7432 SUNSHINE SKYWAY LANES S.  
Suite, Apt. #, etc.  
SUITE 804-D

3. Mailing Address  
7432 SUNSHINE SKYWAY LANES S.  
Suite, Apt. #, etc.  
SUITE 804-D

City & State  
ST. PETERSBURG, FL  
Zip 33711 Country USA

City & State  
ST. PETERSBURG, FL  
Zip 33711 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3414796  
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

LAUGHLIN, CLAY  
7432 SUNSHINE SKYWAY LANE S STE 705D  
SAINT PETERSBURG FL 33711

Name LAUGHLIN, CLAY  
Street Address (P.O. Box Number is Not Acceptable)  
7432 SUNSHINE SKYWAY LANE S. SUITE 804-D  
City SAINT 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* 4/9/01  
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	<input type="checkbox"/> Delete
P	LAUGHLIN, CLAY	7432 SUNSHINE SKYWAY LANE S #705-D	ST PETERSBURG FL 33711	<input type="checkbox"/>
T	LAUGHLIN, MAKI	7432 SUNSHINE SKYWAY LANE S #705-D	ST PETERSBURG FL 33711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	LAUGHLIN, CLAY	7432 SUNSHINE SKYWAY LANE S. SUITE 804-D	ST. PETERSBURG FL 33711	<input type="checkbox"/>	<input type="checkbox"/>
T	LAUGHLIN, MAKI	7432 SUNSHINE SKYWAY LANE S. SUITE 804-D	ST PETERSBURG FL 33711	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address, with all other officers empowered.

SIGNATURE: *Clay Laughlin* President 4/9/01 7278668211  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)