

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90103 004 ***150.00

DOCUMENT # P97000010626

1. Entity Name
JIM LAUDON PAINTING & WATERPROOFING INC.

Principal Place of Business 1510 COMMERCIAL PARK DR. SUITE #1 LAKELAND FL 33801	Mailing Address 1510 COMMERCIAL PARK DR. SUITE #1 LAKELAND FL 33813-1252
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DUUB6201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1107 Rolling Woods Ln Suite, Apt. #, etc.	3. Mailing Address 1107 Rolling Woods Ln Suite, Apt. #, etc.
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Lakeland, FL City & State	Lakeland, FL City & State
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33813 Zip	USA Country	33813 Zip	USA Country
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4. FEI Number 59-2866579	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAUDON, JAMES
1510 COMMERCIAL PARK DR.
SUITE #1
LAKELAND FL 33801

7. Name and Address of New Registered Agent
 Name: **James Laudon**
 Street Address (P.O. Box Number is Not Acceptable): **1107 Rolling Woods Ln**
 City: **Lakeland** FL Zip Code: **33813**

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LAUDON, JAMES D 1510 COMMERCIAL PARK DR., SUITE #1 LAKELAND FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James Laudon* **NOTARIZED** 4/19/00 (863) 646-1661
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)