

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021307

1. Entity Name

PETE LAUFERSKY ENTERPRISES INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90061 007 ***150.00

| | |
|-------------------------------------|--|
| Principal Place of Business | Mailing Address |
| MURRAY CIRCLE LADY LAKE FL 32159 | 706 MURRAY CIRCLE LADY LAKE FL 32159-3013 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-3433289 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| LAUFERSKY, PETE 706 MURRAY CIRCLE LADY LAKE FL 32159 | 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

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|--|--|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE P NAME LAUFERSKY, PETE STREET ADDRESS 706 MURRAY COURT CITY-ST-ZIP LADY LAKE FL 32159 <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE VP NAME LAUFERSKY, CAROL STREET ADDRESS 706 MURRAY CIR CITY-ST-ZIP LADY LAKE FL 32159 <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |

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] \$/28/00 352-753-4452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)