

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90015 047 ***150.00

DOCUMENT # *P970000 22571*

1. Entity Name

LAURA HESSLER Incorporated ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

791 Bay Breeze Lane

Suite, Apt. #, etc.

3. Mailing Address

791 Bay Breeze Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL

Zip

32714

Country

USA

City & State

Altamonte Springs FL

Zip

32714

Country

USA

4. FEI Number

59-3436353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAURA HESSLER

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

791 Bay Breeze Lane

City

Altamonte Springs

FL

Zip Code

32714

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P/S/T/O
LAURA HESSLER
791 Bay Breeze Lane
Altamonte Springs FL 32714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Hessler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)