

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023662

1. Entity Name

PREMIERE LASER PRODUCTS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90011 014 \*\*\*150.00

Principal Place of Business

Mailing Address

~~141 5TH STREET NORTHWEST #100~~  
~~WINTER HAVEN FL 33881~~

~~141 5TH STREET NORTHWEST #100~~  
~~WINTER HAVEN FL 33881-4642~~

2. Principal Place of Business

505 AVENUE A, NW,

3. Mailing Address

505 AVENUE A, NW,

Suite, Apt. #, etc.  
SUITE 102

Suite, Apt. #, etc.  
SUITE 102

City & State  
WINTER HAVEN, FLORIDA

City & State  
WINTER HAVEN, FLORIDA

Zip  
33881-4626

Country  
US

Zip  
33881-4626

Country  
US

4. FEI Number 59-3433947

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

GOVONI, BRIAN R  
141 5TH STREET NORTHWEST #100  
WINTER HAVEN FL 33881

Name  
GOVONI, BRIAN R.

Street Address (P.O. Box Number is Not Acceptable)  
505 AVENUE A, NW, SUITE 102

City  
WINTER HAVEN

FL

Zip Code  
33881-4626

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]*

*Brian R Govoni*

*5/1/00*

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, 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  
D  
GOVONI, BRIAN R  
141 5TH STREET, NW, SUITE 100  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, T  
GOVONI, BRIAN R.  
505 AVENUE A, NW, SUITE 102  
WINTER HAVEN, FL 33881-4626 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P  
MARTIN, MILLER  
1244 ROYAL OAK DR.  
DUNEDIN, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, VP  
GONZALEZ, FRANCISCO  
5317 TAYLOR RD.  
LUTZ FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, S  
MILLER, MARTHA  
1244 ROYAL OAK DR.  
DUNEDIN, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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]*

*Brian R Govoni*

*5/1/00*

*(863) 294-5925*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)