

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000023662**

1. Entity Name

PREMIERE LASER PRODUCTS, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90180 016 ***150.00

UBR 1001

Principal Place of Business

505 AVE A NW
STE 102
WINTER HAVEN FL 33881-4626

Mailing Address

505 AVE A NW
STE 102
WINTER HAVEN FL 33881-4626

2. Principal Place of Business

7273 Bryan Dairy Road

Suite, Apt. #, etc.

3. Mailing Address

7273 Bryan Dairy Road

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

34647

Country

USA

City & State

Largo, FL

Zip

34647

Country

USA

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

GOVONI, BRIAN R
505 AVE A NW
STE 102
WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME D/T STREET ADDRESS CITY-ST-ZIP	D GOVONI, BRIAN R 505 AVE A NW STE 102 WINTER HAVEN FL 33881-4626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, MARTIN 1244 ROYAL OAK DR DUNEDIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GONZALEZ, FRANCISCO 5317 TAYLOR RD LUTZ FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, MARTHA 1244 ROYAL OAK DR DUNEDIN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D/T STREET ADDRESS CITY-ST-ZIP	Govoni, Brian R. 505 Avenue "A", NW, Suite 102 Winter Haven, FL 33881-4626	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80056984



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)