

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90023 017 \*\*\*150.00

**DOCUMENT # P97000026138**

1. Entity Name

**LAUNDERS CONSULTING SERVICES, INC.**

Principal Place of Business

1224 ROMA COURT  
 ORLANDO FL 32825  
 US

Mailing Address

1224 ROMA COURT  
 ORLANDO FL 32825-5480  
 US

2. Principal Place of Business

**4350 E. Hinson Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**4350 E. Hinson Ave**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Haines City FL**

City & State

**Haines City, FL**

4. FEI Number

**59-3438170**

Applied For

Not Applicable

Zip  
**33844**

Country

Zip

**33844**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAUNDERS, DOUGLAS**  
 1224 ROMA COURT  
 ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

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

**4350 E. Hinson Ave**

City

**Haines City**

FL

Zip Code

**33844**

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

*(Handwritten signatures)*

**3/8/00**

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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>LAUNDERS, DOUGLAS</b>	
STREET ADDRESS	<b>1224 ROMA CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4350 E. Hinson Ave</b>	
CITY-ST-ZIP	<b>Haines City FL 33844</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*(Handwritten signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS LAUNDERS**

Date

**3/8/00**

Daytime Phone #

**863-49-1955**

CR2E034 (9/99)