

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90154 042 \*\*\*150.00

U.S. DEPT. OF COMMERCE

**DOCUMENT # P97000026138**



1. Entity Name  
**LAUNDERS CONSULTING SERVICES, INC.**

Principal Place of Business  
**5744 CANTON COVE  
SUITE 110  
WINTER SPRINGS FL 32708  
US**

Mailing Address  
**5744 CANTON COVE  
SUITE 110  
WINTER SPRINGS FL 32708  
US**

2. Principal Place of Business  
**1784 Saboff Way**

3. Mailing Address  
**1784 Saboff Way**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Chuluota, FL**

City & State  
**Chuluota, FL**

4. FEI Number **59-3438170** Applied For  Not Applicable

Zip **32766** Country **USA** Zip **32766** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAUNDERS, DOUGLAS  
1784 SABOFF WAY  
OVIEDO FL 32766**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **D. LAUNDERS, PRES.** **3/31/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LAUNDERS, DOUGLAS 1784 SABOFF WAY OVIEDO FL 32766</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **D. LAUNDERS, PRES.** **3/31/03** **407.619.5855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)