

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

0481062

DOCUMENT # **P97000068833**

1. Entity Name  
**LASER LEASING, INC.**

05-30-2001 90025 026 \*\*\*150.00

Principal Place of Business  
**5757 SOUTH SEMORAN BLVD.  
 ORLANDO FL 32822**

Mailing Address  
**5757 SOUTH SEMORAN BLVD.  
 ORLANDO FL 32822**

2. Principal Place of Business  
**5600 Butler National Dr.**

3. Mailing Address  
**5600 Butler National Dr.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number **59-3461316** Applied For  
 Not Applicable

Zip **32812** Country **ORANGE** Zip **32812** Country **ORANGE**

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

6. Name and Address of Current Registered Agent  
**NIEVES, HENRY LARRY  
 5757 SOUTH SEMORAN BLVD.  
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5600 Butler National Dr.**  
 City **Orlando** FL Zip Code **32812**

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. (NOT Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW FEE IS \$150.00**  
 After MAY 1, 2001 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	<b>P</b> <b>NIEVES, HENRY L</b> <b>3363 TIMMCUA CIRCLE 51%</b> <b>ORLANDO FL 32837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6103 Greatwater Dr.</b> <b>Windermere, FL 34786</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEVOOGEL, DOUG</b> <b>9518 TAVISTOCK RD</b> <b>ORLANDO FL 32849</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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, with all other like employees.

SIGNATURE: \_\_\_\_\_ Date **5/18/01** Daytime Phone # **-407-581-2820**

CR2E034 (10/00)