

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068833

1. Entity Name
LASER LEASING, INC.

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

05-30-2001 90025 026 ***150.00

0481062

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.
Suite, Apt. #, etc.

3. Mailing Address
5600 Butler National Dr.
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32812

Country
ORANGE

Zip
32812

Country
ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3461316

Applied For
Not Applicable

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	P NIEVES, HENRY L 3363 TIMMCUA CIRCLE 51% ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6103 Greatwater Dr. Windermer, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVOOGEL, DOUG 9518 TAVISTOCK RD ORLANDO FL 32849 <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
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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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01 - 404-581-2820
Date Daytime Phone #

CR2E034 (10/00)