

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 033 ***150.00

DOCUMENT # P97000075354

1. Entity Name
FLORIDA LASER DRAINAGE, INC.

Principal Place of Business
1850 SOUTH DUETTE ROAD
ONA FL 33865

Mailing Address
1850 SOUTH DUETTE ROAD
ONA FL 33865

2. Principal Place of Business
4086 W Main St
 Suite, Apt. #, etc.

3. Mailing Address
4086 W. Main St
 Suite, Apt. #, etc.

City & State
Wauchula FL
 Zip
33873 FL Country
USA

City & State
Wauchula FL
 Zip
FL 33873 Country
USA

4. FEI Number
65-0779318

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, ADA A
1731 S. DUETTE RD.
ONA FL 33865

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, 2002 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

TITLE **D** ☐ Delete
 NAME **WALKER, MARVIN B III**
 STREET ADDRESS **1850 SOUTH DUETTE ROAD**
 CITY-ST-ZIP **ONA FL 33865**

TITLE **D** ☐ Delete
 NAME **WALKER, MARILYN J**
 STREET ADDRESS **1850 SOUTH DUETTE ROAD**
 CITY-ST-ZIP **ONA FL 33865**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:

Signature of Marvin B. Walker III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02 863-735-1055

Date

Daytime Phone #

CR2E034 (9/01)