

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90046 015 ***150.00

DOCUMENT # P97000106655

1. Entity Name

LAS CONSULTING INC.

Principal Place of Business

**900 FOX VALLEY DRIVE, SUITE 100
 LONGWOOD FL 32779**

Mailing Address

**900 FOX VALLEY DRIVE, SUITE 100
 LONGWOOD FL 32779**

C0020436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

106 BLUE LAKE CT

Suite, Apt. #, etc.

3. Mailing Address

106 BLUE LAKE CT

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

59-3480442

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHAEFER, LOUIS A. III
 900 FOX VALLEY DRIVE, SUITE 100
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **SCHAEFER, LOUIS A. III**
 Street Address (P.O. Box Numbers Not Acceptable) **106 BLUE LAKE CT**
 City **LONGWOOD** FL Zip Code **32779**

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

Louis A. Schaefer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/01

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, 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

TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFER, LOUIS A III	
STREET ADDRESS	900 FOX VALLEY DRIVE, SUITE 100	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, LOUIS A. III	
STREET ADDRESS	106 BLUE LAKE CT	
CITY-ST-ZIP	LONGWOOD, FL 32779	
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		
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:

Louis A. Schaefer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

DATE

407-389-4590

DAYTIME PHONE #

CR2E034 (10/00)