

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90287 041 ***150.00

DOCUMENT # P98000022875

1. Entity Name

LAURELWOOD FLORIDA BUILDERS, INC.

Principal Place of Business

~~5186 126TH AVE NORTH~~

~~CLEARWATER FL 33768~~

Mailing Address

1284 GREYBROOK PLACE

OLDSMAR FL 34677

847160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8989 ULMERTON RD.

Suite, Apt. #, etc.

3. Mailing Address

8989 ULMERTON RD

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3507614

Applied For

Not Applicable

Zip

Country

33771

Zip

Country

33771

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, GREG

1284 GREYBROOK PLACE

OLDSMAR FL 34677

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 **CAVANAUGH, GREG**
STREET ADDRESS **1284 GREYBROOK PLACE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

727-559-0116

Daytime Phone #

CR2E034 (9/01)