

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024218

1. Entity Name

THE LAIR, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90064 035 ***150.00

Principal Place of Business

Mailing Address

6700 46TH AVENUE NORTH
ST. PETERSBURG FL 33709

6700 46TH AVENUE NORTH
ST. PETERSBURG FL 33709-4704

2. Principal Place of Business

302 MONROE

3. Mailing Address

302 MONROE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

34698

Country

US

Zip

34698

Country

US

4. FEI Number

59-3501308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTICORENA, GASTON
6700 46TH AVE., NORTH
ST. PETERSBURG FL 33709

Name

SALLY R TROTTER

Street Address (P.O. Box Number is Not Acceptable)

7002 SCABURY CT

City

TAMPA

FL

Zip Code

33615

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 Sally Trotter Sally R Trotter Secretary, The Lair, Inc. 2/10/00

Signature, type 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, 2000 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 PD. ☐ Delete
NAME MARTICORENA, GASTON
STREET ADDRESS 6700 46TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE SECRETARY ☐ Change ☒ Addition
NAME SALLY R TROTTER
STREET ADDRESS 7002 SCABURY CT
CITY-ST-ZIP TAMPA FL 33615-2958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Gaston Marticorena GASTON MARTICORENA

2/10/2000 (727) 992-4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/95)