

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90020 044 ***150.00

DOCUMENT # P98000027909

1. Entity Name
LASER ATLANTIC, INC.

Principal Place of Business Mailing Address
 2263 WEST NEW HAVEN AVE., STE. 369 2263 WEST NEW HAVEN AVE., STE. 369
 WEST MELBOURNE FL 32951 WEST MELBOURNE FL 32904-3805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
751 NORTH DRIVE **751 NORTH DRIVE**
 Suite, Apt. #, etc. Suite; Apt. #, etc.
SUITE 2 **SUITE 2**
 City & State City & State
MELBOURNE, FL **MELBOURNE, FL**

4. FEI Number Applied For
59-3504456 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 32934 **BREVARD** **32934** **BREVARD**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KANCILIA, JOHN R
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901

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 _____ (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. **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	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, GREG		NAME	DAUGHERTY GREG	
STREET ADDRESS	130-B VERSAILLES DR.		STREET ADDRESS	119 THIRTEENTH AVE	
CITY-ST-ZIP	MELBOURNE FK 32901		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, LORI		NAME	DAUGHERTY LORI	
STREET ADDRESS	130-B VERSAILLES DR.		STREET ADDRESS	119 THIRTEENTH AVE	
CITY-ST-ZIP	MELBOURNE FK 32901		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ **3/7/00** Date Daytime Phone # _____

CR2E034 (9/99)