

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P98000060497

1. Entity Name

RANDALL S. LAUER & ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

01-26-2000 90182 022 ***150.00

Principal Place of Business

Mailing Address

2614 PURSLANE DR.
FT. MYERS FL 33905

2614 PURSLANE DR.
FT. MYERS FL 33905-0177

2. Principal Place of Business

21870 PALM BEACH BLVD

3. Mailing Address

P.O. BOX 177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALVA FL

City & State

ALVA FL

4. FEI Number

65-0903263

Applied For
Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUER, RANDALL S
2614 PURSLANE DR.
FT. MYERS FL 33905

~~P.O. BOX 177~~
ALVA FL 33920

7. Name and Address of New Registered Agent

Name

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

21870 Palm Beach Blvd

City

Alva, FL 33920

FL

Zip Code

33920

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

Randall S. Lauer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/20/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUER, RANDALL S	
STREET ADDRESS	2614 PURSLANE DR.	P.O. BOX 177
CITY-ST-ZIP	FT. MYERS FL 33905	ALVA FL 33920
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		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	21870 Palm Beach Blvd	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Randall S. Lauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 941 410-2