

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90020 016 ***150.00

DOCUMENT # P98000060789

1. Entity Name

LASER LITE INTERNATIONAL CORP.

Principal Place of Business

128 OCEAN BLVD.

SATELLITE BCH FL 32937-2026

Mailing Address

128 OCEAN BLVD.

SATELLITE BCH FL 32937-2026

2. Principal Place of Business

1140 Ashlyn Dr.

3. Mailing Address

1140 Ashlyn Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Melbourne FL

City & State

West Melbourne FL

Zip

32904-1940

Country

U.S.

Zip

32904-1940

Country

U.S.

4. FEI Number

59-3521495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTFRIED, SUSAN S

128 OCEAN BLVD.

SATELLITE BCH FL 32937-2026

7. Name and Address of New Registered Agent

Name

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

1140 Ashlyn Dr

West Melbourne FL

Zip Code

32904-1940

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

Susan S. Gottfried (Susan S. Gottfried), President

(NOTE: Registered Agent signature required when reinstating)

1/4/02

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	<i>P/S</i>	<input type="checkbox"/> Delete
NAME	GOTTFRIED, SUSAN S	
STREET ADDRESS	128 OCEAN BLVD	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
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	<i>V/T</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Gottfried, Bertram D.</i>	
STREET ADDRESS	<i>1140 Ashlyn Dr.</i>	
CITY-ST-ZIP	<i>West Melbourne FL 32904-1940</i>	
TITLE	<i>P/S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gottfried, Susan S.</i>	
STREET ADDRESS	<i>1140 Ashlyn Dr.</i>	
CITY-ST-ZIP	<i>West Melbourne FL 32904-1940</i>	
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:

Susan S. Gottfried (Susan S. Gottfried)

1/4/02 (321) 951-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)