

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90149 007 ***158.75

DOCUMENT # P98000061428

1. Entity Name
UNITED ENTERPRISES OF SEMINOLE COUNTY, INC.



Principal Place of Business
**108 COMMERCE STREET
LAKE MARY FL 32746**

Mailing Address
**108 COMMERCE STREET
LAKE MARY FL 32746**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
413 CENTRAL PARK DR.

3. Mailing Address
413 CENTRAL PARK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD FL

City & State
SANFORD FL

4. FEI Number
59-3521645

Applied For
☐ Not Applicable

Zip
32771

Country
USA

Zip
32771

Country
USA

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 --

**RAPPRICH, FRANCIS X III
FISHER, RUSHMER, WERRENATH, ET AL
20 NORTH ORANGE AVENUE, SUITE 150
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAPLANT, LARRY
108 COMMERCE STREET
LAKE MARY FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**413 CENTRAL PARK DR.
SANFORD FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with a power like empowered.

SIGNATURE:

SIGNATURE RED LARRY D LAPLANT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

Date

407-330-1616

Daytime Phone #

CR2E034 (10/02)