

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90132 018 ***150.00

DOCUMENT # P98000083429
Entity Name
LAUREL CONSTRUCTION CO INC.

Principal Place of Business Mailing Address
2081 SW 27 Terr 2921 DAVIE BLVD
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312-2834



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
2081 SW 27 Terr 2081 SW 27 Terr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Ft. LAUD FL Ft. LAUD FL 65-0866162 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33312 USA 33312 USA ☐ Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SANDERS, LAURA Name LAURA C. SANDERS
2921 DAVIE BLVD Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33312 2081 SW 27 Terr.
City Ft. LAUD FL Zip Code 33312

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: *Laura Sanders* DATE: 4/26/00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, LAURA		NAME		
STREET ADDRESS	2921 DAVIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		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		
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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: *Laura Sanders* DATE: 4/26/00 (954) 494-6612
(Signature and typed or printed name of signing officer or director) Daytime Phone #

CR2E034 (9/99)