

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90026 040 \*\*\*150.00

**DOCUMENT # P98000088544**

1. Entity Name

**THE LAEB GROUP INC. CORPORATE CANDIDATES AND ERG ONOMIST**

Principal Place of Business

**3536 UNIVERSITY BLVD., NORTH  
 SUITE 122  
 JACKSONVILLE FL 32277**

Mailing Address

**3536 UNIVERSITY BLVD., NORTH  
 SUITE 122  
 JACKSONVILLE FL 32277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3538688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCCLLOUD, WILLIAM A. II  
 3536 UNIVERSITY BLVD., NORTH  
 SUITE 122  
 JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

Name **Mr. Richard Dial**  
 Street Address (P.O. Box Number is Not Acceptable) **5972-3 University Blvd W**  
 City **JACKSONVILLE** FL Zip Code **32216**

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 *Richard Dial*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/02**

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	P	<input checked="" type="checkbox"/> Delete
NAME	BEAL, JANET	
STREET ADDRESS	3536 UNIVERSITY BLVD., NORTH, #122	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCLLOUD, WILLIAM II	
STREET ADDRESS	3536 UNIVERSITY BLVD., NORTH #122	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENDIVS, CYDELLE	
STREET ADDRESS	3536 UNIVERSITY BLVD., NORTH, #122	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, MARY	
STREET ADDRESS	3536 UNIVERSITY BLVD., NORTH, #122	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Beal	
STREET ADDRESS	3536 University Blvd N #122	
CITY-ST-ZIP	JAX., FL. 32225	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Beal	
STREET ADDRESS	3536 University Blvd N #122	
CITY-ST-ZIP	JAX., FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Brown	
STREET ADDRESS	3536 University Blvd N #122	
CITY-ST-ZIP	JAX., FL. 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cyd Mendius	
STREET ADDRESS	3536 University Blvd N #122	
CITY-ST-ZIP	JAX., FL. 32225	
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: *J. Beal, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/20/02**

Date

904-565-8550  
 904-998-3111  
 Daytime Phone #

CR2E034 (9/01)