## DOCUMENT # P99000013792

UGA

6. Name and Address of Current Registered Agent

name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

LAUREL PARK VENTURES, INC.

Principal Place of Business

2. Principal Place of Business

324 JULIA Suite, Apt. #, etc.

Mailing Address

324 JULIA PL. SARASOTA FL 34236

City & State

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITI F

NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF TITLE

CITY-ST-ZIP

CITY-ST-ZIE

SARAGOTA

276

RUTKOWSKI, DEVIN P

9. This corporation is eligible to satisfy its Intangible

RUTKOWSKI, DEVIN P

SARASOTA FL 34236

Tax filing requirement and elects to do so.

324 JULIA PL.

324 JULIA PL. SARASOTA FL 34236

(See criteria on back)

324 JULIA PL.

SARASOTA FL 34236-6900

3. Mailing Address

Suite, Apt. #, etc.

SARASOTA

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Delete

Delete

Country

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

USA

Name

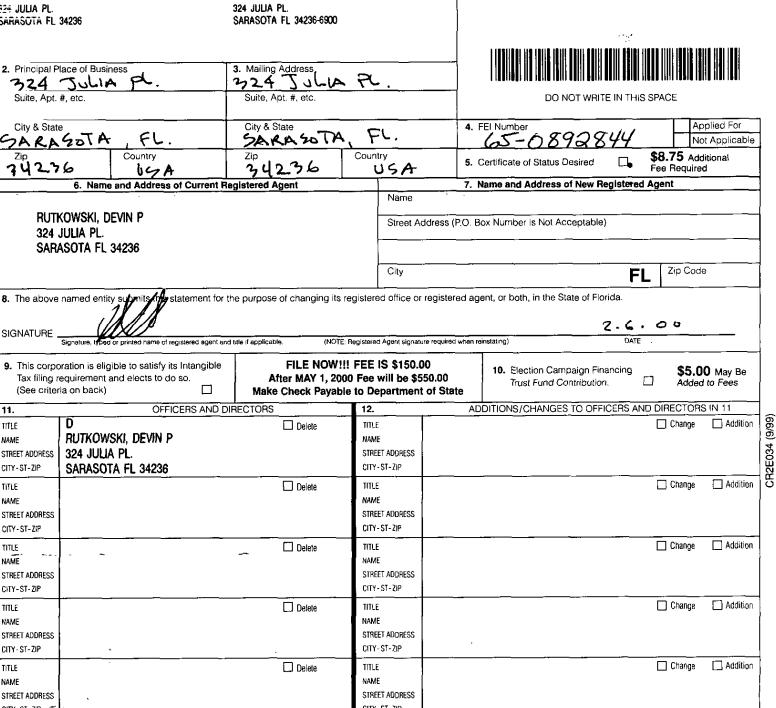
City

City & State

## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 16, 2000 8:00 am Secretary of State

02-16-2000 90055 025 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 trusted 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 appleass with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6.00

941-906-7609

☐ Change

Addition