**2000 UNIFORM BUSINESS REPORT (UBR)** 

## 1/. DOCUMENT # P99000037620 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name LASER STENCILS INCORPORATED 01-28-2000 90073 016 \*\*\*150.00 Principal Place of Business Mailing Address 1530 CYPRESS DRIVE, SUITE E 1530 CYPRESS DRIVE. SUITE E JUPITER FL 33469-3184 JUPITER FL 33469 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-09 11913 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HASENBUHLER, RONALD L Street Address (P.O. Box Number is Not Acceptable) 1530 CYPRESS DRIVE, SUITE E JUPITER FL 33469 City Zip Code perpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state. SIGNATURE (E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition [] Change TITLE TITLE Delete President NAME NAME Ronald L. Hasenbuhler STREET ADDRESS STREET ADDRESS 16695 Alexander Run CITY-ST-ZIP CITY-ST-ZIP <del>Jupiter, Plorida 33478</del> ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change noitibbA 🔲 TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE TITLE 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 sustee empowered to exemple this report as required by Chapter 607, Florida Statutes; and that my same appears in Block 11 or Block 12 in Block 12 i ame appears in Block 11 or Block 12 if

SIGNATURE: