

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90113 035 ***150.00

DOCUMENT # P99000045119



1. Entity Name
LASER GRADING, INC.

Principal Place of Business
**26616 BONITA GRANDE DR
BONITA SPRINGS FL 34135**

Mailing Address
**BOX 367012
BONITA SPRINGS FL 34136**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
24300 S. YAMIAHI TRAIL
Suite, Apt. #, etc.

3. Mailing Address
BOX 367012
Suite, Apt. #, etc.

City & State
BONITA SPRINGS FL
Zip
34135
Country
LEE

City & State
BONITA SPRINGS FL
Zip
34136
Country
LEE

4. FEI Number **59-3576989**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VICE, DIXON A
9889 EL GRECO CRT.
BONITA SPRINGS FL 34155

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VICE, DIXON A**
STREET ADDRESS **4835 BONITA BEACH ROAD, #308**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VT** ☐ Delete
NAME **JANICKI, JASON**
STREET ADDRESS **8525 DANBURY BLVD #202**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **A. Vice** **1/6/03** **239-949-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)