

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050477

1. Entity Name

LA MARAIS HOLDINGS, INC.

FILED

Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90005 003 ***750.00

Principal Place of Business

505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779

Mailing Address

505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779

2. Principal Place of Business

2584 Westminster Terr.
Suite, Apt. #, etc.

3. Mailing Address

2584 Westminster Terr.
Suite, Apt. #, etc.

City & State

Oviedo, FL 32765

City & State

Oviedo, FL

4. FEJ Number

59-3581240

Applied For

Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, SCOTT
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Douglas Weaver

Street Address (P.O. Box Number is Not Acceptable)

2584 Westminster Terrace

City Oviedo

FL

Zip Code 32765

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

X Douglas Weaver

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

(NOTE: Registered Agent signature required when reinstating)

9/15/00
DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	REDELICO, GREGORY	
STREET ADDRESS	505 WEKIVA SPRINGS RD., STE. 800	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Weaver	
STREET ADDRESS	2584 Westminster Terrace	
CITY-ST-ZIP	Oviedo, FL 32765	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)