

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90060 036 \*\*\*150.00

**DOCUMENT # P99000092770**

1. Entity Name  
**LAROSA LONGHAUL, INC.**

Principal Place of Business Mailing Address  
 1721 W. RIDGE CT. 7721 W. RIDGE CT.  
 ORLANDO FL 32810 ORLANDO FL 32810-2731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 7721 Westridge Ct. 7721 Westridge Ct  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Orlando FL Orlando, FL  
 Zip Zip  
 32810 32810  
 Country Country  
 USA U.S.A.

4. FEI Number Applied For  
 59-3604393 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOLLNER, RICHARD A CPA**  
**2917 W. ST. RD. 434, STE. 151**  
**LONGWOOD FL 32779**

**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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00**  
**After MAY 1, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P ANTHONY J. LAROSA III</b>
STREET ADDRESS	<b>7721 Westridge Ct.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T LORIE A. LAROSA</b>
STREET ADDRESS	<b>7721 Westridge Ct</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
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**

**4/23/2000** **(407) 493-0644**  
 Date Daytime Phone #

CR2E034 (9/99)