

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096469

1. Entity Name

E-START LIMITED, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90101 005 ***150.00

Principal Place of Business

Mailing Address

C/O KYLE M. LAUZON
2519 N. OCEAN BLVD., STE. 511
BOCA RATON FL 33431

C/O KYLE M. LAUZON
2519 N. OCEAN BLVD., STE. 511
BOCA RATON FL 33431-7824

00030396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Florida

Suite, Apt. #, etc.

STE #511

City & State

Boca Raton FL

Zip

33431

Country

USA

Suite, Apt. #, etc.

STE #511

City & State

Boca Raton FL

Zip

FL

Country

33431

4. FEI Number

06 1561813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILLO, TROY J
C/O KIRKPATRICK & LOCKHART LLP
20TH FLOOR, 201 S. BISCAYNE BLVD.
MIAMI FL 33131

Name

Kyle M. Lauzon

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

2519 N. Ocean Blvd

STE #511

City

Boca Raton

FL

Zip Code

33431

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

2-24-00

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Kyle M. Lauzon Pres/CEO ☐ Delete
2519 North Ocean Blvd.
STE #511
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

CR2E034 (9/99)

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 #

2-24-00