

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096638

1. Entity Name
LAURADAM, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90029 003 ***150.00

Principal Place of Business
12609 BROLEMAN ROAD
ORLANDO FL 32832

Mailing Address
12609 BROLEMAN ROAD
ORLANDO FL 32832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13938 LANDSTAR BLVD.

3. Mailing Address
13938 LANDSTAR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL.

City & State
ORLANDO FL.

4. FEI Number **59-3623781**

Applied For
Not Applicable

Zip **32824** Country **U.S.A.**

Zip **32824** Country **U.S.A.**

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

JOHNSON, WADE F JR
118 E JEFFERSON STREET
ORLANDO FL 32801

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, 2001 - Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ERRINGTON, SYLVIA**
CITY-ST-ZIP **12609 BROLEMAN ROAD**
ORLANDO FL 32832

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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: **Sylvia Errington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01
Date

407 812 7600
Daytime Phone #

CR2E034 (10/00)