

20C1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101066

1. Entity Name

LAURIN'S THERAPEUTIC HANDS, INC.

Principal Place of Business

2399 TREASURE ISLE DR., #20
PALM BEACH GARDENS FL 33410

Mailing Address

2399 TREASURE ISLE DR., #20
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0996018**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

KOSAKOWSKI, LAURIN
2399 TREASURE ISLE DR., #20
PALM BEACH GARDENS FL 33410Name *Peter Stocker*

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

*2399 Treasure Isle Dr. #20*City *Palm Beach Gardens*

FL

Zip Code

33410

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 *Peter Stocker*

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 State10. 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

CR2E034 (10/00)

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSAKOUSKI, LAURIN		NAME	
STREET ADDRESS	2379 TREASURES ISLAND DR.		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33410		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Peter Stocker - Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

561-694-7045
Daytime Phone #