

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90702 035 ***158.75

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

8702 SE Water Oak Place

3. Mailing Address

← same

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

Martin

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

STOCKER, PETER

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

7. Name and Address of New Registered Agent

Name

Peter Stocker

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

8702 SE Water Oak Place

City

Tequesta

FL

Zip Code

33469

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)

5/1/02

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, 2002 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 **P** ☐ Delete
 NAME **KOSAKOUSKI, LAURIN**
 STREET ADDRESS **2379 TREASURES ISLAND DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Laurin Stocker** **→ married name**
 STREET ADDRESS **8702 SE Water Oak Place**
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE **secretary** ☐ Change ☒ Addition
 NAME **Peter Stocker**
 STREET ADDRESS **8702 SE Water Oak Place**
 CITY-ST-ZIP **Tequesta, FL 33469**

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other line empowered.

SIGNATURE: SIGNATURE **Peter Stocker** **5/1/02** **(561) 694-7045**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)