

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90006 017 \*\*\*150.00

655661

DO NOT WRITE IN THIS SPACE

DOCUMENT # 99000102505  
Entity Name  
LAZER RACING SERVICE INC.

Principal Place of Business  
PARK PLACE  
FL 34677

Mailing Address  
400 PARK PLACE  
OLDSMAR FL 34677

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number  
59-3620029

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
DESJARDIN, ELIZABETH J  
1469 MONTE CARLO DR  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
400 Park Place  
City OLDSMAR FL Zip Code 34677

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

8. 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<u>D</u> <u>DESJARDIN, PIERRE A</u> <u>1469 MONTE CARLO DR</u> <u>CLEARWATER FL 33764</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>400 Park Place</u> <u>OLDSMAR, FL 34677</u>
<input type="checkbox"/> Delete	<u>D</u> <u>DESJARDIN, ELIZABETH J</u> <u>1469 MONTE CARLO DR</u> <u>CLEARWATER FL 33764</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>400 Park Place</u> <u>OLDSMAR, FL 34677</u>
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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: Elizabeth J. Desjardin 4125100 727-573-2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)