## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State DOCUMENT # S94945 1. Entity Name 05-02-2002 90122 023 \*\*\*150.00 LASER ENERGETICS. INC. Principal Place of Business Mailing Address 4044 QUAKERBRIDGE ROAD 4044 QUAKERBRIDGE ROAD MERCERVILLE NJ 08619 MERCERVILLE NJ 08619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3093561 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLFE, ROBERT CPA Street Address (P.O. Box Number is Not Acceptable) 101 SUNNYTOWN ROAD, STE 200 CASSELBERRY FL 32707 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition ☐ Change NAME 🤫 BATTIS, ROBERT D NAME 4044 QUAKERBRIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERCERVILLE NJ 08619 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an ac-

**FILED**