

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91048 005 ***150.00

DOCUMENT # S94945

1. Entity Name
LASER ENERGETICS, INC.



Principal Place of Business
**4044 QUAKERBRIDGE ROAD
MERCERVILLE NJ 08619**

Mailing Address
**4044 QUAKERBRIDGE ROAD
MERCERVILLE NJ 08619**



2. Principal Place of Business

**3535 QUAKER BRIDGE RD.
SUITE 601**

3. Mailing Address

**3535 QUAKER BRIDGE RD.
SUITE 601**

City & State

MERCERVILLE NJ

City & State

MERCERVILLE NJ

Zip

08619

Country

MERCER

Zip

08619

Country

MERCER

4. FEI Number

59-3093561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOLFE, ROBERT CPA
101 SUNNYTOWN ROAD, STE 200
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **WOLFE, ROBERT CPA**
Street Address (P.O. Box Number is Not Acceptable)
5100 HIGHWAY 17-92 SUITE 200
City **CASSELBERRY** FL Zip Code **32707-3816**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **BATTIS, ROBERT D**
STREET ADDRESS **4044 QUAKERBRIDGE ROAD**
CITY-ST-ZIP **MERCERVILLE NJ 08619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3535 QUAKER BRIDGE ROAD SUITE 601**
CITY-ST-ZIP **MERCERVILLE NJ 08619**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D Battis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

(609) 587-8250

Daytime Phone #

CR2E034 (10/02)