

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V65403**

1. Entity Name
LAUDA ENTERPRISES INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90048 008 ***150.00

Principal Place of Business

**1000 LEE BLVD
SUITE 205
LEHIGH ACRES FL 33936
US**

Mailing Address

**1000 LEE BLVD
SUITE 205
LEHIGH ACRES FL 33936
US**

2. Principal Place of Business

1104 East 13th Street

Suite, Apt. #, etc.

3. Mailing Address

1104 East 13th Street

Suite, Apt. #, etc.

City & State

Lehigh Acres Fl 33972

Zip

33972

Country

Lee

City & State

Lehigh Acres Fl 33972

Zip

33936

Country

Lee

4. FEI Number

65-0357926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUDA, LOUIS J
1104 EAST 13TH STREET
LEHIGH ACRES FL 33936**

Name

Helen R Lauda

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

1104 East 13 street

City

Lehigh Acres

FL

Zip Code

33972

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 **Helen R Lauda, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 19, 2001

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 State**

10. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAUDA, LOUIS J 1104 EAST 13TH STREET LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUDA, HELEN R 1104 EAST 13TH ST LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Helen R Lauda, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2001 941-368-0004

Date

Daytime Phone #

CR2E034 (10/00)