

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90097 019 ***150.00

DOCUMENT # P95000095996

1. Entity Name
LAAK AND SON INC.

Principal Place of Business

25 OCEAN DR.
N. KEY LARGO FL 33037
US

Mailing Address

25 OCEAN DR.
N. KEY LARGO FL 33037
US

2. Principal Place of Business

Key Largo, FL.
 Suite, Apt. #, etc.

3. Mailing Address

25 N. Ocean Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Key Largo, FL.

City & State
Key Largo FL

4. FEI Number **65-0636422**

Applied For
 Not Applicable

Zip **33037** **Country**

Zip **33037** **Country**

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

LAAK, NICOLA B
6 HIBISCUS DRIVE
KEY LARGO FL 33037

Name

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

City

FL

Zip Code

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 *Nicola B. Laak* **Nicola B. Laak** **1/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAAK, PETER J	
STREET ADDRESS	25 OCEAN DR.	
CITY-ST-ZIP	N. KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAAK, NICOLA B	
STREET ADDRESS	25 OCEAN DR.	
CITY-ST-ZIP	N. KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Nicola B. Laak* **1-27-2** **305-453-9235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)