2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P09977 **DOCUMENT #**

1. Entity Name

LARRY MAYER & COMPANY

FILED May 02, 2003 8:00 am g Secretary of State

05-02-2003 90230 008 ***150.00

Principal Plac 1950 N ELSTO #200 CHICAGO IL 6 US 2. Principal P	N AVE	Mailing Address 1950 N ELSTON AVE #200 CHICAGO IL 60622 US 3. Mailing Address	1950 N ELSTON AVE #200 CHICAGO IL 60622 US								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	e	City & State	City & State			36-3398568		Applied For Not Applicable			
Zip	Country	Zip	Coun	try	5. (Certificate of Status Desired		8.75 A e Requi	dditional red		
	6. Name and Address of Cu	rrent Registered Agent	gistered Agent			7. Name and Address of New Registered Agent					
				Name							
MAYER, LA	ARRY ENCIA DRIVE		Street Addres			s (P.O. Box Number is Not Acceptable)					
	ON FL 33433						_		_		
				City			FL	Zip Co	de		
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 S \$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.		Add	00 May Be ed to Fees		
10.		AND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTO	RS IN 11		
STREET ADDRESS	P MAYER, LARRY 7135 VALENCIA DRIVE BOCA RATON FL	☐ Delete		ſ				Change	Addition		
NAME STREET ADDRESS	SD BRODER, DONNA R. 1950 N ELSTON AVE #200 CHICAGO IL	☐ Delete					C	Change	☐ Addition		
STREET ADDRESS	TD Mayer, Jeffrey W. 1950 N Elston Ave #200 Chicago Il	Delete		,			Ē] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete		1			C] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	ertify that the information supplied	☐ Delete d with this filing does not qualify	CITY-	ET ADDRESS ST-ZIP	Section 1	19.07(3)(i), Florida Statutes. I furthe		Change	☐ Addition		

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:

Daytime Phone #