2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000102686

1. Entity Name

P.A. LETHBRIDGE & CO. COMMERCIAL REAL ESTATE SER



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90266 032 ***150.00

VICES	/ICES						
Principal Place of Business 100 S. PINE ISLAND RD. SUITE 200 PLANTATION FL 33324 Mailing Address 6301 SW 5 CT. PLANTATION FL 33317				, , , -	evitus		(B): A S(1) > B T(
	; 						
2. Principal P	lace of Business	3. Mailing Address	iling Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State	,		4. FEI Number 65-0966757		oplied For ot Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Add	
6. Name and Address of Current R		nt Registered Agent	Registered Agent		7. Name and Address of New Registered Agent		
-				Name			
LETHBRIDGE, BARRY 6301 SW 5 CT				Street Address (P.O. Box Number is Not Acceptable)			
	ON FL 33317						
ξ				City	Character Street Control	FL Zip Code	e
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 age	ant and title if applicable	/NOTE: Registered	Agent signature required	, when reinstating)	DATÉ	
		Jan and the mapping and the ma	(11012-110gistorou		, manage		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution							0 Мау Ве
	Payable to Florida Department				Trust Fund Contribution.	☐ Added	I to Fees
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11
TITLE	PSTD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	LETHBRIDGE, BARRY		NAME	:			
STREET ADDRESS	100 S. PINE ISLAND RD., SUIT	E 200		T ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324		CITY-	ST-ZIP	4,000		
TITLE		☐ Delete	TITLE	l l	•	☐ Change	☐ Addition
NAME STREET ADDRESS	•		NAME STREE	T ADDRESS			}
CITY-ST-ZIP				ST-ZIP			
TITLE		Delete	TITLE			Change	Addition
NAME		. 40000	NAME	1	· ·		
STREET ADORESS			STREE	T ADDRESS			
CITY-ST-ZIP			CITY-	ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME	l			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
		□ Delete	TITLE			☐ Change	Addition
TITLE NAME		☐ Delete	NAME				
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP			CITY-	ST-ZIP			
TITLE		☐ Delete`	TITLE			☐ Change	☐ Addition
NAME			NAME	I			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
12 Thereby o	certify that the information condied w	ith this filing does not quali-	fu for the even	nntion etated in Sa	action 119 07/3\(i) Florida Statutes \ furt	than cartify that the in	oformation 1

indicated on this report or supplemental report is true and eccurate 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 of trustee empowered of execute his 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:

(E REQU) AND TYPED OR PRINTED NAME OF SIGNING OPHICER OR DIRECTOR

Daytime Phone #