2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

588533 **DOCUMENT #**

1. Entity Name

JOEL R. LAVENDER, P.A.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90225 041 ***150.00

Modify Address 30' SQUTHEAST 11 COURT FLUID PL 33916 US 2. Principal Place of Business 2. A Moling Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 2. Principal Place of Business 2. A Moling Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 2. Principal Place of Business 2. A Moling Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 2. Principal Place of Business 2. A Moling Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 2. Principal Place of Business 2. A Moling Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 2. Principal Place of Business 3. A Moling Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 3. Moling Address 50' SQUTHEAST 11 COURT Flore Address 50' SQUTHEAST 11 COURT Flore Address 50' SQUTHEAST 11 COURT FLUID PL 33916 US 4. FEI Number 95-1851028 5. Certificate of Status Desired Specific Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Register				O WE TO		
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ET LAUD, FL PORT LAUDERDALE FL 33316 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or postin, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both in the State of Florida on the State				Street Address	(P.O. Box Number is Not Acceptable)	
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SIGNATURE Signature required agent agent with the projectable (NOTE Registrates Agent signature required when refreshibition) DATE				City	FL	Zip Code
FILE NOW!!!_FEE S \$150.00 S50.00 Make Check Payable to Florida Department of State S10.00			for the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am fan	illar with, and accept
TITLE NAME SINEET ADDRESS CITY-ST-ZIP TITLE NAME STREET	SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature require	red when reinstating) DATE	
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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:

1/6/03 5225/s/
Date Daytime Phone #