

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90268 036 \*\*\*150.00

**DOCUMENT # G17397**

1. Entity Name  
**LAD OFFICE EQUIPMENT, INC.**

Principal Place of Business <b>% LARRY M. THORNBURG</b> <del>2605 OLD OKEECHOBEE RD.</del> <b>WEST PALM BEACH FL 33409</b>	Mailing Address <b>% LARRY M. THORNBURG</b> <del>2605 OLD OKEECHOBEE RD.</del> <b>WEST PALM BEACH FL 33409-5224</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1860 OLD OKEECHOBEE RD.</b> Suite, Apt. #, etc. <b>Bldg 300</b> City & State <b>WPB, FL</b> Zip <b>33409</b>	3. Mailing Address <b>1860 OLD OKEECHOBEE RD.</b> Suite, Apt. #, etc. <b>Bldg 300</b> City & State <b>WPB, FL</b> Zip <b>33409</b>
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4. FEI Number <b>59-2254063</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**THORNBURG, LARRY M.**  
~~2605 OLD OKEECHOBEE RD.~~  
**WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1860 OLD OKEECHOBEE ROAD**  
**Bldg. 300**  
 City **WPB, FL** Zip Code **33409**

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 *Larry M. Thornburg* **LARRY M. THORNBURG** **4/27/00**  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>THORNBURG, LARRY</b> <b>245 WESTWOODS CIRCLE E.</b> <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>THORNBURG, BARBARA</b> <b>245 WESTWOODS CIRCLE E.</b> <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ALBRITTON, DEBORAH</b> <b>245 WESTWOODS CIRCLE E.</b> <b>W. PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JEANETTE R. PAYNE</b> <b>245 WESTWOOD CIRCLE</b> <b>WPB, FL 33411</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JEANETTE R. PAYNE</b> <b>245 WESTWOOD CIRCLE</b> <b>WPB, FL 33411</b>	<input type="checkbox"/> Change <input checked="" 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: *Larry M. Thornburg* **LARRY M. THORNBURG** **4/27/00** **471-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)