

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17397

1. Entity Name

LAD OFFICE EQUIPMENT, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90020 021 \*\*\*150.00

Principal Place of Business

1860 OLD OKEECHOBEE RD., BLDG 300  
WEST PALM BEACH FL 33409

Mailing Address

1860 OLD OKEECHOBEE RD. BLDG 300  
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2254063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

THORNBURG, LARRY M.

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, President* LARRY M. THORNBURG 4/19/2001  
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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	THORNBURG, LARRY	
STREET ADDRESS	245 WESTWOODS CIRCLE E.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THORNBURG, BARBARA	
STREET ADDRESS	245 WESTWOODS CIRCLE E.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALBRITTON, DEBORAH	
STREET ADDRESS	245 WESTWOODS CIRCLE E.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH M. ALBRITTON	
STREET ADDRESS	245 WESTWOOD CIRCLE E	
CITY-ST-ZIP	WPB, FL 33411	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANETTE R. PAYNE	
STREET ADDRESS	245 WESTWOOD CIRCLE E	
CITY-ST-ZIP	WPB, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

*Larry M. Thornburg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY M. THORNBURG

4/19/01  
Date

561-471-7000  
Daytime Phone #

CR2E034 (10/00)