

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # J47019****1. Entity Name**
PAUL N. LASHBROOK, P.A.

| | |
|---|---|
| Principal Place of Business 315 SOUTHEAST 7TH ST. SUITE 200 FT. LAUDERDALE 33301 | Mailing Address 315 SOUTHEAST 7TH ST. SUITE 200 FT. LAUDERDALE 33301 |
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| 2. Principal Place of Business 315 SOUTHEAST SEVENTH STREET | 3. Mailing Address 315 SOUTHEAST SEVENTH STREET |
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| Suite, Apt. #, etc. SUITE 200 | Suite, Apt. #, etc. SUITE 200 |
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| City & State FORT LAUDERDALE FL | City & State FORT LAUDERDALE FL |
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| Zip 33301 | Country US | Zip 33301 | Country US |
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| 4. FEI Number 59-2749505 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LASHBROOK, PAUL N.**
315 SE 7TH ST.,#200

FT.LAUDERDALE
33301 **US** **FL****7. Name and Address of New Registered Agent**

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|--|
| Name LASHBROOK PAUL N |
| Street Address (P.O. Box Number is Not Acceptable) 315 SOUTHEAST SEVENTH STREET |
| SUITE 200 |
| City FORT LAUDERDALE FL Zip Code 33301 |

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 PAUL N. LASHBROOK****05/01/2000**

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, 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**

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS LASHBROOK, PAUL N. 315 SE 7TH ST.,#200 FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS LASHBROOK PAUL N 315 SOUTHEAST SEVENTH STREET, SUITE 200 FORT LAUDERDALE FL 33301 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Paul N. Lashbrook****PRS 05/01/2000**