

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90104 007 ****50.00

2/1

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007254

1. Entity Name

MAUS AND LAWLOR, LLC



Principal Place of Business

750 EAST SAMPLE ROAD, BUILDING 2
SUITE 200
POMPANO BEACH FL 33064

Mailing Address

750 EAST SAMPLE ROAD, BUILDING 2
SUITE 200
POMPANO BEACH FL 33064

55009991

2. Principal Place of Business

3. Mailing Address

750 E SAMPLE RD, BLDG 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

POMPANO BCH

Zip

Country

Zip

Country

4. FEI Number

01-0647847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LAWLOR, PATRICK
750 E. SAMPLE ROAD, BUILDING 2
SUITE 200
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 102

City

FL

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DIRECTOR	PATRICK W. LAWLOR	750 E. SAMPLE RD, #2-102	POMPANO BCH, FL 33064	<input type="checkbox"/>
DIRECTOR	JOSEPH M. MAUS/DIRECTOR	750 E SAMPLE RD, #2-102	POMPANO BCH, FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/03

Date

Daytime Phone #

CR2083 (10/02)