

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

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

2/1

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

**DOCUMENT # L02000007254**



1. Entity Name  
**MAUS AND LAWLOR, LLC**

**55009991**

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**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: **750 E SAMPLE RD, BLDG 2 # 102**  
City & State: **POMPANO BCH**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **01-0647847** Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

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: \_\_\_\_\_ State: **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE: <b>DIRECTOR</b> NAME: <b>PATRICK W. LAWLOR</b> STREET ADDRESS: <b>750 E. SAMPLE RD, # 2-102</b> CITY-ST-ZIP: <b>POMPANO BCH, FL 33064</b>	<input type="checkbox"/> Delete
TITLE: <b>JOSEPH M. MAUS/DIRECTOR</b> NAME: <b>JOSEPH M. MAUS/DIRECTOR</b> STREET ADDRESS: <b>750 E SAMPLE RD, # 2-102</b> CITY-ST-ZIP: <b>POMPANO BCH, FL 33064</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
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10. ADDITIONS/CHANGES	
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: _____	<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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**2/5/03**  
Date

Daytime Phone #

CR2E083 (10/02)