

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009008

1. Entity Name

L. SQUIRE ENTERPRISES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90044 010 ***150.00

C0013093



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1301 NW 8TH STREET BOYNTON BEACH FL 33426 | 1301 NW 8TH STREET BOYNTON BEACH FL 33426 |

| | |
|---------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 2758 WEST ATLANTIC BL | |
| Suite, Apt. #, etc. SUITE 10 | Suite, Apt. #, etc. |

| | |
|-----------------------------------|--------------|
| City & State POMPANO BEACH, FL | City & State |
| Zip 33069 | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1064216 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| SQUIRE, LAWTON N 1301 NW 8TH STREET BOYNTON BEACH FL 33426 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| 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.

SIGNATURE _____
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 NAME STREET ADDRESS CITY-ST-ZIP | D SQUIRE, LAWTON N 1301 NW 8TH STREET BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SQUIRE, PATRICIA L 1301 NW 8TH STREET BOYNTON BEACH FL 33426 <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 |
| 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 | <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 |
| 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: Patricia N Squire 2/1/01 561-364-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)