2001 UNIFORM BUSINESS REPORT (UBR

P00000023030

DOCUMENT #

FILED Aug 09, 2001 8:00 am Secretary of State

CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	KOLLEE	T. LAWLOR, P.A.				08-09	9-2001 90045	5 012 ***5	58.75	
Suits, Apt. #, effc. City & State City & S	6554 PELICA	n ave.	6554 PELICAN AVE.	3	-			 		
Applied For Not Applicable City & State See Frequency See Transport Fire Requision Fire Re	Principal Place of Business 3. Malling Address					f II	 	io ni i ini ol ii i	ala (1880 (194) 1	18188
September 1 September 1 September 2 September 2 September 2 September 3 Septem	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT	WRITE IN TH	IS SPACE	
S. Name and Address of Current Registered Agent S. Certificate of Status Desired. S. S. Facilitate Control S. Name and Address of New Registered Agent Name Na	City & State		City & State			4. FEI Number 65-0984303				
LAWLOR, KOLLEEN T 8554 PELICAN AVE. COGONUT CREEK FL 33073 City FL Zip Code 6. 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 Signivan, typed or private finance of registered and for a state of Florida. SIGNATURE Signivan, typed or private finance of registered and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signivan, typed or private finance or registered agent, or both, in the State of Florida. SIGNATURE Signivan, typed or private finance or registered agent, or both, in the State of Florida. SIGNATURE Signivan, typed or private finance or registered agent, or both, in the State of Florida. SIGNATURE Signivan, typed or private finance or registered agent, or both, in the State of Florida. SIGNATURE Sequence Agent segment reacted when recitatively but the contamination of the State of	Zip	Country			E	5. Certifica	ate of Status Des	red	\$8.75	Additional
LAWLOR, KOLLEEN T 8554 PELICAN AVE. City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Special S		6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of N	lew Registere	ed Agent	
Sifect Address (**O. Box Number is Not Acceptable) City	1 4144 00	VOLLEGAL T		Name			•			
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 Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature			Street Address		ddress (P.C	(P.O. Box Number is Not Acceptable)				
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 9. This corporation is eligible to satisfy its Intangbio Task filting requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 After September 12,	COSONL	IT CREEK FL 33073		Ì						
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and electis to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State Added to Fees State S	**			City	_			F	Zip C	ode
Systems, typed or printed name or legislated agent and tall elegislated. (POTE: Regislated Appart signature required when versioning) 9. This corporation is eligible to satisfy its Intangible (Tax filing regislation) and the control of the company of of the compa	8. The above	named entity submits this statement for	the purpose of changing its reg	gistered office o	r registered	agent, or	both, in the State	of Florida.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 After Septe	SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	agistered Agent signat	ure required who	en reinstating)		DAT	E	
Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$75.00 Turus Fund Contribution. S5.00 May Be Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS NAME OFFICERS AND DIRECTORS OFFICERS AND DIRECTO						- Cristang,				
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