

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90077 049 \*\*\*150.00

**DOCUMENT # P00000037518**

1. Entity Name

**HEATHER H. LAMOUREUX, P.A., ATTORNEY AT LAW**

*Holland & Lamoureux, P.A.*

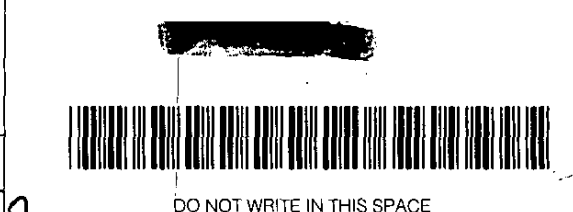
Principal Place of Business 11525 U.S. HWY. 92 EAST SEFFNER FL 33584 <i>755 W. Lumsden Rd Brandon, FL 33511</i>	Mailing Address 11525 U.S. HWY. 92 EAST SEFFNER FL 33584 <i>755 W. Lumsden Rd. Brandon, FL 33511</i>
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2. Principal Place of Business <i>755 W. Lumsden Rd</i>	3. Mailing Address <i>755 W. Lumsden Rd.</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Brandon, FL</i>	City & State <i>Brandon, FL</i>
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Zip <i>33511</i>	Country <i>USA</i>	Zip <i>33511</i>	Country <i>USA</i>
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4. FEI Number <i>65-0997073</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HOLLAND, REBECCA A**  
 11525 U.S. HWY. 92 EAST  
 SEFFNER FL 33584

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

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	<b>P</b> <b>LAMOUREUX, HEATHER H</b> 11525 U.S. HWY. 92 EAST SEFFNER FL 33584 <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	<b>P</b> <b>Heather Holland Lamoureux</b> 755 W. Lumsden Rd Brandon, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Jason F. Lamoureux</b> 755 W. Lumsden Rd. Brandon, FL 33511 <input type="checkbox"/> Change <input checked="" 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

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:** *Jason F. Lamoureux* **Jason F. Lamoureux** *3-7-01* **3-7-01** *813-655-9069* **813-655-9069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0518234  
CR2E034 (10/00)