

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109685

1. Entity Name
LUCIEN DAOUST, P.A.

Principal Place of Business
1844 NORTH NOB HILL ROAD #610
PLANTATION FL 33322

Mailing Address
1844 NORTH NOB HILL ROAD #610
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NOFIL & NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
PSTD
DAOUST, LUCIEN
1844 NORTH NOB HILL ROAD #610
PLANTATION FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90002 047 ***150.00



DO NOT WRITE IN THIS SPACE

0087142 AV

CR2034 (5/01)

ATTACHMENT

Lucien Daoust, P.A.
1844 North Nob Hill Road #610
Plantation, FL 33322

August 1, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

PO00000109685
BO0003320

Dear Sir or Madam:

I have received a second 2001 Uniform Business Report.

Please be advised that I did pay the \$150 fee earlier this year, however the check has not cleared my account.

I am stopping payment on the original check and I am enclosing a replacement check for the original amount of \$150.

Please contact me if you need any additional information.

Sincerely,



Lucien Daoust,
President