

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90257 009 ***150.00

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DOCUMENT # P00000117138

1. Entity Name

LORD CONSULTING COMPANY



Principal Place of Business

**234 ISLAND CIRCLE
SARASOTA FL 34242**

Mailing Address

**234 ISLAND CIRCLE
SARASOTA FL 34242**

2. Principal Place of Business

1101 PALM VIEW RD.

3. Mailing Address

1101 PALM VIEW RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLA.

City & State

SARASOTA, FLA.

4. FEI Number

65-1065009

Applied For

Not Applicable

Zip
34240

Country

SARASOTA

Zip
34240

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LORD, SALLY
234 ISLAND CIRCLE
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

LORD, SALLY

Street Address (P.O. Box Number is Not Acceptable)

1101 PALM VIEW RD

City

SARASOTA

FL

Zip Code

34240

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

Sally Lord

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPST
LORD, SALLY
234 ISLAND CIRCLE
SARASOTA FL 34242**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPST
LORD, SALLY
1101 PALM VIEW RD
SARASOTA, FL 34240**

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sally Lord
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/03

944-377-7714

CR2E034 (10/02)