

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90254 027 \*\*\*150.00

DOCUMENT # **P01000000565**

1. Entity Name  
**PAUL LOUIS LEPINE, P.A.**



*#0221*

Principal Place of Business  
**C/O KELLY & KELLY CPA'S, PA  
3020 N FEDERAL HWY SUITE 11B  
FT LAUDERDALE, FL 33306**

Mailing Address  
**C/O KELLY & KELLY CPA'S, PA  
3020 N FEDERAL HWY SUITE 11B  
FT LAUDERDALE FL 33306**



2. Principal Place of Business  
**1440 S OCEAN BLVD**

3. Mailing Address  
**1440 S. OCEAN BLVD**

Suite, Apt. #, etc.  
**9D**

CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

Zip  
**33062**

Country  
**USA**

4. FEI Number  
**65-1065332**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEPINE, PAUL LOUIS  
C/O KELLY & KELLY CPA'S, PA  
3020 N FEDERAL HWY SUITE 11B  
FT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1440 S. OCEAN BLVD 9D**

City  
**Pompano Beach**

State  
**FL**

Zip Code  
**33062**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LEPINE, PAUL LOUIS</b>	
STREET ADDRESS <b>3020 N FEDERAL HWY SUITE 11B</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33306</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1440 S. OCEAN BLVD, #9D</b>	
STREET ADDRESS <b>Pompano Beach, FL 33062</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED** *2/17/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)