

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90177 046 \*\*\*150.00

**DOCUMENT # P01000006493**

1. Entity Name  
**LAGE SERVICES, INC.**



Principal Place of Business  
**1436 E ATLANTIC BLVD  
SUITE E  
POMPANO BEACH FL 33060**

Mailing Address  
**1436 E ATLANTIC BLVD  
SUITE E  
POMPANO BEACH FL 33060**



2. Principal Place of Business  
**119 GARDENS DRIVE**

3. Mailing Address  
**119 GARDENS DRIVE**

Suite, Apt. #, etc.  
**SUITE #101**

Suite, Apt. #, etc.  
**SUITE #101**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH, FLORIDA**

City & State  
**POMPANO BEACH, FLORIDA**

4. FEI Number **65-1077143**

Applied For  
Not Applicable

Zip  
**33069**

Zip  
**33069**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGE, VIVIANE  
1436 E ATLANTIC BLVD  
SUITE E  
POMPANO BEACH FL 33060**

Name **VIVIANE LAGE**  
Street Address (P.O. Box Number is Not Acceptable)  
**119 GARDENS DRIVE  
SUITE #101  
POMPANO BEACH FL 33069**

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

**03/05/03**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **LAGE, VIVIANE**  
STREET ADDRESS **1436 E ATLANTIC BLVD SUITE E**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
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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**

**03/05/03**

**(954) 881-4183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)