

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90087 001 \*\*\*150.00

**DOCUMENT # P01000012117**

1. Entity Name  
**LORWOOD H.C.S., INC.**

Principal Place of Business  
**6145 NW 91ST AVENUE**  
**TAMARAC FL 33321**

Mailing Address  
**6145 NW 91ST AVENUE**  
**TAMARAC FL 33321**

2. Principal Place of Business

**As Above**

3. Mailing Address

**As Above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-70-82-723**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**BROAD, HEYWOOD**  
**6145 NW 91ST AVENUE**  
**TAMARAC FL 33321**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature 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 13, 2002 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>HEYWOOD BROAD</b>	
STREET ADDRESS	<b>6145 NW 91st Ave</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/10/02 954-720-8253**

CR2E034 (4/02)

*Attachment*

# PO1000012117  
B0137750

LORWOOD H.C.S. INC.  
6145 N.W. 91 STREET  
TAMARAC, FL. 33321

To Whom It May Concern:

I SPOKE TO ESTHER AND I EXPLAINED THAT I AM SENDING OUT THE CHECK FOR CORPORATIONS FILINGS, FOR \$ 150.00. I NEVER RECEIVED THE INITIAL FORM THAT WAS SUPPOSEDLY SENT IN JANUARY 2002, REQUESTING PAYMENT. THIS FORM THAT I AM COMPLYING TOO, WAS RECEIVED IN JUNE. I AM A NEW COMPANY AND NEVER DID THIS BEFORE.

PLEASE UNDERSTAND THAT I WOULD HAVE COMPLIED WITH THE ORIGINAL FORMS IF I HAD RECEIVED THEM IN JANUARY. SORRY FOR ANY INCONVENIENCE THAT I MIGHT HAVE CAUSED.

YOURS TRULY;



HEYWOOD BROAD, PRES.