

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90184 037 ***150.00

DOCUMENT # P01000012117

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



Principal Place of Business

~~6145 NW 91ST AVENUE~~
~~TAMARAC FL 33321~~

Heywood Broad
3610 Yacht Club Dr. Apt 403
Aventura, FL 33180

NEW ADDRESS

MAIL ALL PAYMENTS TO
LORWOOD HCS. INC

2. Principal Place of Business
Heywood Broad
3610 Yacht Club Dr. Apt 403
Aventura, FL 33180

3. Mailing Address
Suite, Apt. #, etc. BOX 4239
20533 BISCAYNE BLVD.
AVENTURA - FL 33180



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number	Applied For
				65-1082723	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

Heywood Broad
3610 Yacht Club Dr. Apt 403
Aventura, FL 33180

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	HEYWOOD, BROAD					
		6145 NW 91ST AVE					
		TAMARAC FL 33321					

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03 954-336-8248
Date Daytime Phone #

CR2E034 (10/02)