

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90861 041 \*\*\*150.00

USA/FLORIDA

**DOCUMENT # P01000014468**

1. Entity Name  
**LEA, P.A.**

Principal Place of Business  
**1501 S FLAGLER DR #6-H**  
**W PALM BCH FL 33401**

Mailing Address  
**1501 S FLAGLER DR #6-H**  
**W PALM BCH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**120 S. OLIVE AVE.**

Suite, Apt. #, etc.

**SUITE 208**

City & State

**WEST PALM BEACH, FL**

Zip

**33401**

Country

3. Mailing Address

**120 S. OLIVE AVE.**

Suite, Apt. #, etc.

**SUITE 208**

City & State

**WEST PALM BEACH, FL**

Zip

**33401**

Country

4. FEI Number

**65-1075614**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNOFF, LAURA E**

**1501 S FLAGLER DR #6-H**

**W PALM BCH FL 33401**

7. Name and Address of New Registered Agent

Name

**LAURA ANTHONY**

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

**120 S. OLIVE AVE #208**

**WEST PALM BEACH, FL**

City

**33401**

**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.

SIGNATURE

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

*Laura Anthony* **LAURA ANTHONY**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-10-02**

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>ARNOFF, LAURA E</b>	<b>1501 S FLAGLER DR #6-H</b>	<b>W PALM BCH FL 33401</b>	
	<b>DIRECTOR</b>			<input type="checkbox"/>
	<b>LAURA E. ANTHONY</b>	<b>120 S. OLIVE AVE.</b>		
	<b>SUITE 208</b>			<input type="checkbox"/>
	<b>WEST PALM BEACH, FL</b>	<b>33401</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Laura Anthony*  
**LAURA ANTHONY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)