

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90108 050 ***150.00

DOCUMENT # P01000035942

1. Entity Name

LORRAINE E. LABARRE L.C.S.W., P.A.

Principal Place of Business

2425 NORTH MCMULLEN BOOTH ROAD STE D608
CLEARWATER FL 33759

Mailing Address

2425 NORTH MCMULLEN BOOTH ROAD STE D608
CLEARWATER FL 33759

87527



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2454 MCMULLEN BOOTH RD

3. Mailing Address

2454 MCMULLEN BOOTH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste D 608

Ste D 608

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33759

Country

USA

Zip

33759

Country

USA

4. FEI Number

80-0041759

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LABARRE, LORRAINE E

2425 NORTH MCMULLEN BOOTH ROAD STE D608
CLEARWATER FL 33759

Name

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

2424

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

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 ☐ Delete
 NAME D
 STREET ADDRESS LABARRE, LORRAINE E
 CITY-ST-ZIP 2425 NORTH MCMULLEN BOOTH ROAD STE D608
 CLEARWATER FL 33759

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2454 MCMULLEN BOOTH RD STE D608
 CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-712-0222

CR2E034 (9/01)