2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

POMPANO BEACH FL 33062

2505 BAY DRIVE #2

P01000036291

Mailing Address

2505 BAY DRIVE #2

1. Entity Name ARLETTE LAVIGNE, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90347 035 ***150.00

T NATUNATU IN ROTOL KION ORANI ROMI ORANI ORANI ORANI ORANI ANIOR ANIOR ANIOR JARNO JERUS SAR

POMPANO BEACH FL 33062		POMPANO BEACH FL 33062) headhear air eanna aighr achn eann achn achn ach	 1885 1886 1886 1886 1886 1886
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1093657 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registers	Fee Required
1	The second secon		Name		ed Agent
1	NOFIL, PA		Street Addre	ess (P.O. Box Number is Not Acceptable)	
1	RTH STATE ROAD 7		0.0007.007.		
LAUDERL	DALE LAKES FL 33319				
			City	-	Zip Code
8. The above	e named entity submits this statement	for the purpose of changing it	ts registered office or reg	pistered agent, or both, in the State of Florida. I a	
the obliga	itions of registered agent		5	received agont, or both, in the state of Florida. Ta	m ramiliar with, and accept
SIGNATURE	- Costate a	Det 12		/-	06,03
	Signature, typed or printed name of registered ager	It and title if applicable. (NO	TE: Registered Agent signature red	quired when reinstating) DATI	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	, Ψ		9. Election Campaign Financing	65.00
Make Chec	k Payable to Florida Department	of State		Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	D DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 11
TITLE	PTSD	☐ Delete	TITLE	100107	☐ Change ☐ Addition
NAME CERTET ADDRESS	LAVIGNE, ARLETTE		NAME		- Sharige - Madition
STREET ADDRESS CITY-ST-ZIP	2505 BAY DRIVE #2 POMPANO BEACH FL 33062		STREET ADDRESS		
TITLE	CINITATIO BEACTITE 33002		CITY-ST-ZIP		
NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		Change Addition :
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE	 ,,		CITY-ST-ZIP		
NAME		Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

1, 36, 33 914.570 - 5730
Daylime Phone #

CR2E034 (10/02)