

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90174 021 ***150.00

DOCUMENT # P01000036351

1. Entity Name
CLAUDIA DUMAS L.M.T., INC.

Principal Place of Business **Mailing Address**
1503 CANTON ST. **1503 CANTON ST.**
ORLANDO FL 32803 **ORLANDO FL 32803**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**
59-3709331 **Not Applicable**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUMAS, CLAUDIA
7300 GOLDENPOINTE BOULEVARD, #205
ORLANDO FL 32807

Name **Dumas, Claudia**
Street Address (P.O. Box Number is Not Acceptable)
1503 Canton St
City **Orlando** **FL** **Zip Code** **32803**

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  **(NOTE: Registered Agent signature required when reinstating)**

2/16/02
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ **Delete**
NAME **DUMAS, CLAUDIA**
STREET ADDRESS **7300 GOLDENPOINTE BOULEVARD, #205**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **PVST** ☒ **Change** ☐ **Addition**
NAME **Dumas, Claudia**
STREET ADDRESS **1503 Canton St**
CITY-ST-ZIP **Orlando FL 32803**

TITLE **D** ☐ **Delete**
NAME **DUMAS, CLAUDIA**
STREET ADDRESS **7300 GOLDENPOINTE BOULEVARD, #205**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **Dumas, Claudia**
STREET ADDRESS **1503 Canton St**
CITY-ST-ZIP **Orlando FL 32803**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

2/16/02
Date **Daytime Phone #**

CR2E034 (9/01)