2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000063803 **DOCUMENT #**

1. Entity Name

LORI EPSTEIN, C.P.A., P.A.



rileD § Mar 19, 2003 8:00 am 8 Secretary of State 30-19-2003 90190 040 ****

03-19-2003 90180 042 ***150.00

Principal Place of Business 95 BUCKSKIN LANE ORMOND BEACH FL 32174			95 BU	Mailing Address 95 BUCKSKIN LANE ORMOND BEACH FL 32174			\$ 1441144	. I (31 88) DI (78) 88 (4 82) (4	******	.		
2. Principal P	Place of Busir	ness	3. Maili	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING CH	HANGES		
City & Stat	te	<u> </u>	City 8	City & State				4. FEI Number F0.2730CFF Applied For				
Zip Country			Zip	Zip Country			- C. W.		\$8	. 75 Add	ot Applicable	
		· · · · · · · · · · · · · · · · · · ·	\$ *	<u> </u>			5. Certificate d	of Status Desired	Fee	Require	d	
	6. Name	and Address of Curre	ent Registered	Agent			7. Name and A	Address of New Reg	sistered Age	nt		
000170						Name		•				
GORNTO, L.A. JR ESQ 149 S. RIDGEWOOD AVE STE 500						Street Address (P.O. Box Number	is Not Acceptable)	-			
DAYTONA	A BEACH FL	32114										
						City			FL	Zip Cod	e	
8. The above the obligat	named entity tions of regist	y submits this statemen ered agent.	t for the purpo	se of changing it	:s registered	office or register	ed agent, or both	, in the State of Floric	da. I am fami	liar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title it applic	able. (NO	OTF: Registered A	Agent signature required	when reinstation)		DATE			
					- L. Hogistatou /	igoni orginatare required	- Historicanstatung)		DAIL			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department						tion Campaign Finar t Fund Contribution.	ncing		0 May Be I to Fees	
10.			ND DIRECTOR		11.		ADDITIONS (C	MANGES TO GET O		25.05.00		
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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: