

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90109 040 ***150.00

DOCUMENT # P01000086032

1. Entity Name
LORRAINE LABELLA P.A.



Principal Place of Business
11046 SPRING HILL DR
SPRING HILL FL 34608

Mailing Address
~~11181 BLYTHVILLE RD~~ 1196 COROLLA AVE.
SPRING HILL FL 34608
34609



2. Principal Place of Business

3. Mailing Address
1196 COROLLA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SPRING HILL FL

4. FEI Number 59-3742296

Applied For
Not Applicable

Zip

Country

Zip 34609

Country HERNANDO

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABELLA, LORRAINE
11181 BLYTHVILLE RD
SPRING HILL FL 34608

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lorraine LaBella, P.A.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LABELLA, LORRAINE 11181 BLYTHVILLE RD SPRING HILL FL 34608	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LABELLA, LORRAINE 1196 COROLLA AVE SPRING HILL FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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

SIGNATURE:

Lorraine LaBella, P.A.

1/31/03

(352) 650-6250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #