

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91071 041 ***150.00

DOCUMENT # P01000115411

1. Entity Name
LAW OFFICES OF JUSTIN S. GAINES, P.A.



Principal Place of Business
**3917 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

Mailing Address
**3917 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1416 Meadowbrook Ave
Suite, Apt. #, etc.

3. Mailing Address
1416 Meadowbrook Ave
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
65-1154081

Applied For
☐ Not Applicable

Zip
33803
Country
U.S.

Zip
33803
Country
U.S.

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

NUNES, DAVID S
**3925 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

Name
Brian LaRue
Street Address (P.O. Box Number is Not Acceptable)
1280 NORTH CONGRESS AVE
SUITE 206
City
WEST PALM BEACH FL Zip Code
33409

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 **BRIAN M. LARUE**
Signature, typed or printed name of registered agent and title if applicable.

3/14/03
DATE

(NOTE: Registered Agent signature required when reinstating.)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GAINES, JUSTIN S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3917 NORTH ANDREWS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 (863) 398-6566
Date Daytime Phone #

CR2E034 (10/02)