

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90117 031 ***150.00

DOCUMENT # P01000116848

1. Entity Name

STEVEN L. LAURENCE, P.A.



Principal Place of Business
**238 N WESTMONTE DR STE 105
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**238 N WESTMONTE DR STE 105
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business
238 N. Westmonte Drive, Ste 210
Suite, Apt. #, etc.
Altamonte Springs, FL 32714

3. Mailing Address
238 N. Westmonte Drive, Ste 210
Suite, Apt. #, etc.
Altamonte Springs, FL 32714

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **80-0020419**

Applied For

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

LAURENCE, STEVEN L
238 N WESTMONTE DR STE 105
ALTAMONTE SPRINGS FL 32714

Name
LAURENCE, STEVEN L.
Street Address (P.O. Box Number is Not Acceptable)
238 N. WESTMONTE DRIVE STE 210

City **ALTAMONTE SPRINGS, FL** Zip Code **32714**

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 *Steven L. Laurence* **STEVEN L. LAURENCE**

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

(NOTE: Registered Agent signature required when reinstating)

2/17/03
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 **D** ☐ Delete
NAME **LAURENCE, STEVEN L**
STREET ADDRESS **238 N WESTMONTE DR STE 105**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☒ Change ☐ Addition
NAME **LAURENCE, STEVEN L.**
STREET ADDRESS **238 N. WESTMONTE DR STE 210**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 life empowered.

SIGNATURE:

Steven L. Laurence **STEVEN L. LAURENCE**

2/17/03 **407-862-2529**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)