

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90183 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P02000009358</u>	
1. Entity Name <u>P. LACROIX CONSULTANT INC.</u>	

90135666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>270 NE 42 ST</u>	3. Mailing Address <u>270 NE 42 ST.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>OAKLAND PARK - FL</u>	City & State <u>OAKLAND PARK FL</u>	4. FEI Number <u>04-3597574</u>	Applied For ☐ Not Applicable
Zip <u>33334</u>	Country <u>BROWARD</u>	Zip <u>33334</u>	Country <u>BROWARD</u>
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>PETER LACROIX</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>270 NE 42 ST.</u>	
City <u>OAKLAND PARK</u>	FL <u>33334</u>

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 _____ DATE _____
Signature typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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

TITLE <u>DIRECTOR-PRESIDENT D P</u>	
NAME <u>PETER LACROIX</u>	
STREET ADDRESS <u>270 NE 42 ST</u>	
CITY-ST-ZIP <u>OAKLAND PARK, FL 33334</u>	
TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: PETER LACROIX (934) 328-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

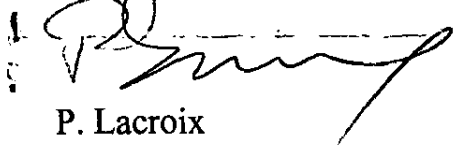
Attachment
90135666
PO20000090358

05/14/03

To whom it may concern,

As per telephone conversation with inspector on 05/14/03. I am sending my UBR. My corporate address changed during the year and did not receive a UBR from the state. Please find enclosed the downloaded report with \$150.

Thank you,


P. Lacroix