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 # P02000009358

1. Entity Name

P. LACROIX CONSULTANT INC.

90135666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
270 NE 42 st	270 NE 42 st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK - FL	City & State: OAKLAND PARK FL
Zip: 33334 Country: BROWARD	Zip: 33334 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3597574 ☐ Applied For ☐ Not Applicable

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: PETER LACROIX

Street Address (P.O. Box Number is Not Acceptable): 270 NE 42 ST.

City: OAKLAND PARK FL Zip Code: 33334

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DIRECTOR-PRESIDENT .D P
NAME	PETER LACROIX
STREET ADDRESS	270 NE 42 St
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PETER LACROIX (954)528-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
90135666
P02000090358

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