

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90090 001 ***150.00

DOCUMENT # P02000018627

1. Entity Name
LAVCO ENTERPRISES, INC.



Principal Place of Business
458 MARQUESAS CT.
MARCO ISLAND FL 34145

Mailing Address
458 MARQUESAS CT.
MARCO ISLAND FL 34145



2. Principal Place of Business

1844 TAMiami TRAIL N.
Suite, Apt. #, etc.

3. Mailing Address

458 MARQUESAS CT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FLORIDA

City & State
MARCO ISLAND FLORIDA

4. FEI Number
02-0552553

Applied For
Not Applicable

Zip
34102

Country
U.S.A.

Zip
34145

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LAVALLEE, KEVIN**
STREET ADDRESS **458 MARQUESAS CT.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **ST** ☐ Delete
NAME **LAVALLEE, CINDY**
STREET ADDRESS **458 MARQUESAS CT.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **LAVALLEE, MATTHEW**
STREET ADDRESS **458 MARQUESAS CT.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: CINDY LAVALLEE **1-7-03 (239) 393-0326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)