

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000039358

FILED
Apr 28, 2003
Secretary of State

Entity Name: MICHELLE L. LARUE, ATTORNEY AT LAW, P.A.

Current Principal Place of Business:

4747 HOLLYWOOD BLVD #160
HOLLYWOOD, FL 33021

New Principal Place of Business:

4940 SW 33RD TERRACE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

4747 HOLLYWOOD BLVD #160
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 01-0710055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARUE, MICHELLE L
4940 SW 33 TERR
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: LARUE, MICHELLE L
Address: 4940 SW 33RD TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SEC () Change (X) Addition
Name: LARUE, MICHELLE L
Address: 4940 SW 33RD TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE L. LARUE

PRES

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date