

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

0128919 AT

**DOCUMENT # P02000113354**

1. Entity Name  
**LAVOIE ENTERPRISES, INC.**



04-25-2003 90126 025 \*\*\*150.00  
08-25-2003 90097 050 \*\*\*550.00

Principal Place of Business  
**15506 CARROLL'S COURT  
TAVARES FL 32778**

Mailing Address  
**PO BOX 891  
MOUNT DORA FL 32756**



2. Principal Place of Business  
**4101 CR. 561**

3. Mailing Address  
**4101 CR 561**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**TAVARES FL**

City & State  
**TAVARES FL**

Zip  
**32778** Country  
**LAKE**

Zip  
**32778** Country  
**LAKE**

4. FEL Number  
**71-0916929**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAVOIE, NORA R  
15506 CARROLL'S COURT  
TAVARES FL 32778**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAVOIE, NORA R</b>	
STREET ADDRESS	<b>15506 CARROLL'S COURT</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lavoie, Daniel R.</b>	
STREET ADDRESS	<b>15506 Carroll's Ct</b>	
CITY-ST-ZIP	<b>TAVARES, FL 32778</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *NORA R. LAVOIE* **NORA R. LAVOIE** 8/20/2003  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)