

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 | D | <input type="checkbox"/> Delete |
| NAME | LAVOIE, NORA R | |
| STREET ADDRESS | 15506 CARROLL'S COURT | |
| CITY-ST-ZIP | TAVARES FL 32778 | |
| 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 | Lavoie, Daniel R. | |
| STREET ADDRESS | 15506 Carroll's Ct | |
| CITY-ST-ZIP | TAVARES, FL 32778 | |
| 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)