2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) T

GREENACRES FL 33463



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90513 026 ***158.75

DOCUMENT # 1. Entity Name	P02000134053	
THE LAW OFFICES OF LO	PRI R. VAUGHAN, P.A.	
Principal Place of Business	Mailing Address	
6053 10TH AVENUE NO. #139	6053 10TH AVENUE NO. #13	9

GREENACRES FL 33463

,	Place of Business	3. Mailing Address			† 1 20 /1301 (1) 30 /10 1/0/) 60/1 80/	H 3816 1 11 086 1111 0101 0101	 	
Suite Apt.	AST SUNRISE BLVD.	Suite, Apt. #, etc.						
756	#, etc.	Strite, Apr. #, etc.		ĺ	CHECK HERE	IF MAKING CHANGES	i	
City & Stat	I	City & State			FEI Number	A	pplied For	
	LDEROALE, FLORIDA			3	5-2191139		ot Applicable	
33304	Country U.S.	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Ro	<u> </u>		
			Name	Name				
Vaughan, Lori R		Street A	Street Address (P.O. Box Number is Not Acceptable)					
6053 10TH AVENUE NO. #139								
GREENAC	RES FL 33463							
			City			FL Zip Coo	le	
8. The above	named entity submits this statement for t	the purpose of changing its	registered office or	registered ag	gent, or both, in the State of Flor	rida. I am familiar with,	and accept	
the obligati	ions of registered agent.							
SIGNATURE .								
	Signature, typed of prioted name of registered agent and	d title if applicable. (NOTE	: Registered Agent signat	ure required when r	einstating)	DATE		
	ILE NOW!!! FEE IS \$150.00	,			9. Election Campaign Fina	ancing \$5.0	O May Be	
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$	State			Trust Fund Contribution	+	d to Fees	
10.	OFFICERS AND D		11.	ΑΓ	L DDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
¿TITLE		□ Delete	TITLE	P/D		☐ Change	Addition	
NAME			NAME	LORI	RVAUGHAN	-4.13.0		
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP		10th AVENUE NO.			
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NAME - STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,	***NAME ************************************					
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NAME		Delete	TITLE NAME	,		☐ Change	Addition (
STREET ADDRESS			STREET ADDRESS				{	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
of the corp	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower on an attachment with an address, with	ue and accurate and that my ered to execute this report a	v sionature shall hi	ave the same I	legal effect as it made under of	ath: that I am an officer.	or director 1	