

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90077 023 ***150.00

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1. Entity Name
LAZAR & SHEY FINANCIAL SERVICES, INC.

Principal Place of Business
7880 N. UNIVERSITY DRIVE
201
TAMARAC, FL 33321

Mailing Address
7880 N. UNIVERSITY DRIVE
201
TAMARAC, FL 33321

34032070



2. Principal Place of Business
1560 Sawgrass Corporate Pkwy

3. Mailing Address
1560 Sawgrass Corporate Pkwy

Suite, Apt. #, etc.
4th Flr

Suite, Apt. #, etc.
4th Flr

01072004 Chg-P CR2E034 (10/03)

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
13-4269812

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

6. Name and Address of Current Registered Agent

ROSEN, JEROME L
7880 N. UNIVERSITY DRIVE
201
TAMARAC, FL 33321

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: *Jeffrey Lazar*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAZAR, JEFFREY
STREET ADDRESS 7880 N UNIVERSITY DRIVE #201
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

TITLE VP
NAME SHEY, JOHN W
STREET ADDRESS 7880 N UNIVERSITY DRIVE #201
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME LAZAR, Jeffrey
STREET ADDRESS 1560 Sawgrass Corporate Pkwy, 4th
CITY-ST-ZIP Sunrise, FL 33323

TITLE VP ☒ Change ☐ Addition
NAME SHEY, John
STREET ADDRESS 1560 Sawgrass Corporate Pkwy, 4th
CITY-ST-ZIP Sunrise, FL 33323

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

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

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

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

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: *Jeffrey Lazar* *John W. Shey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

954 331 8071

Date

Daytime Phone #