

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90140 013 ***150.00

DOCUMENT # P28819

1. Entity Name
LORD & CO., PLC

Principal Place of Business Mailing Address
1620 E ADAMO DR 1620 E ADAMO DR
TAMPA FL 33605 TAMPA FL 33605

2. Principal Place of Business 3. Mailing Address
10220 Harney Rd. N.E. P.O. Box 2911667
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Thonotosassa, FL Tampa, FL
 Zip Country Zip Country
33592 Hillsborough 33687-11667 Hillsborough

4. FEI Number **65-0184631** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMALTZ, PATRICIA LANE
1620 E ADAMO DR
TAMPA FL 33675-7216

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
10220 Harney Rd. N.E.
 City
Thonotosassa FL Zip Code
33592

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.

SIGNATURE *Patricia Lane Schmaltz*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSDD			
	SCHMALTZ, PATRICIA LANE	1620 E ADAMO DR	TAMPA FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10220 Harney Rd. N.E.	Thonotosassa, FL 33592		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Lane Schmaltz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 813-242-1135
 Date Daytime Phone #

CP2E034 (9/01)