2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUNE 11 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086360

1. Entity Name
LRH, INC.

Principal Place of Business	Mailing Address
701 EAST CAMINO REAL BOCA RATON FL 33432	3105 W SCENIC DRIVE DANIELSVILLE PA 18038 US

2. Principal Place of Business	3. Mailing Address
3105 W. Scenic Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Danielsville PA	City & State
Zip: 18038 / Country	Zip / Country

05-22-01 90635 008 $158.75

4. FEI Number 65-0505338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, STEPHANIE
701 EAST CAMINO REAL
MIAMI FL 33432

7. Name and Address of New Registered Agent

Name: Brady & Brady PA
Street Address (P.O. Box Number is Not Acceptable): 370 E Camino Gardens Blvd
Suite 200 C
City: Boca Raton FL Zip Code: 33432

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: Frank R. Brady president 4-26-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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

TITLE	D	☐ Delete
NAME	COLE, STEPHANIE M	
STREET ADDRESS	3105 W SCENIC DRIVE	
CITY-ST-ZIP	DANIELSVILLE PA	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Stephanie M Cole Stephanie M. Cole Sec Treasurer 4/26/01 6108376280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stephanie M. Cole, Sec Treas. 4/27/01