

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005171

1. Entity Name

JOSHUA LAX AND ASSOCIATES, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90083 046 \*\*\*150.00

Principal Place of Business

22261 S.W. 66TH AVE.  
 SUITE #1707  
 BOCA RATON FL 33428

Mailing Address

22261 S.W. 66TH AVE.  
 SUITE #1707  
 BOCA RATON FL 33428

2. Principal Place of Business

6763 Bridlewood Ct.  
 Suite, Apt. #, etc.

3. Mailing Address

6763 Bridlewood Ct.  
 Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

USA

Zip

33433

Country

4. FEI Number

65-0557951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HEST, BRUCE H  
 7777 GLADES RD.  
 SUITE 207  
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name Joshua Lax

Street Address (P.O. Box Number is Not Acceptable)

6763 Bridlewood Ct.

City Boca Raton

FL

Zip Code

33433

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

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 P  
 NAME LAX, JOSHUA  
 STREET ADDRESS 22261 S.W. 66TH AVE., # 1707  
 CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE V  
 NAME FALLET-LAX, RACHEL  
 STREET ADDRESS 22261 S.W. 66TH AVE., # 1707  
 CITY-ST-ZIP BOCA RATON FL ☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME Lax Joshua  
 STREET ADDRESS 6763 Bridlewood Ct.  
 CITY-ST-ZIP Boca Raton FL 33433 ☒ 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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0510624