2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P96000052953

1. Entity Name

MELODY R. LAVRICH, E.A. ACCOUNTING AND TAX SERVI

CES, INC. Principal Place of Business 3990 SHERIDAN STREET STE 108 HOLLYWOOD FL 33021

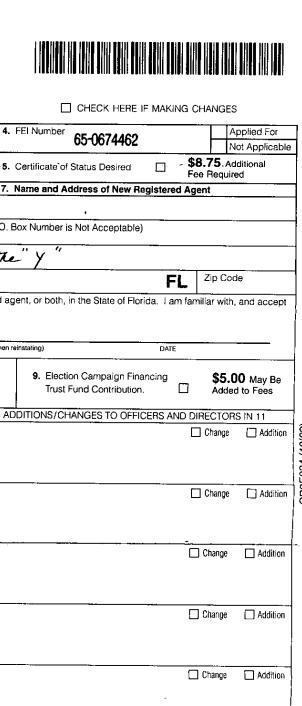
3990 SHERIDAN STREET STE 108 HOLLYWOOD FL 33021

Mailing Address

2. Principal Place of Business		3. Mailing Address	7
Suite, Apt. #, etc.		Suite, Apt. #, etc.	\dashv
City & State		City & State	+
Zip	Country	Zio . Country	+

FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90101 014 ***150.00



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAVRICH, MELODY R EA Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET STE 108 $Y \supset$ delete the HOLLYWOOD FL 33021 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. PCD TITLE ☐ Delete TITLE CR2E034 (10/02) LAVRICH, MELODY R NAME 16315 MALIBU DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 other like empowered.

SIGNATURE: