

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053709

1. Entity Name

L&M PROFESSIONAL SERVICES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90197 033 ***150.00

CU011518



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1360 SW 12TH ST BOCA RATON FL 33486	Mailing Address 1360 SW 12TH ST BOCA RATON FL 33486
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0689515	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YOVIN, LOUIS A 1360 SW 12TH ST BOCA RATON FL 33486

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.

SIGNATURE _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	YOVIN, MARJORY J	NAME	
STREET ADDRESS	1360 SW 12TH ST	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	YOVIN, LOUIS A	NAME	
STREET ADDRESS	1360 SW 12TH ST	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Louis A. Yovin 1/18/2001 561-391-7652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)