

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90619 046 ***150.00

DOCUMENT # P97000060730

1. Entity Name
LAUVOOR & ASSOCIATES, INC.

Principal Place of Business Mailing Address
128 NORTH DIXIE HIGHWAY 128 NORTH DIXIE HIGHWAY
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020



2. Principal Place of Business 3. Mailing Address
1500 S. OCEAN DR 1500 S. OCEAN DR.

Suite, Apt. #, etc. Suite, Apt. #, etc.
3A 3A

City & State City & State
HOLLYWOOD, FL HOLLYWOOD, FL

Zip Country Zip Country
33019 U.S.A. 33019

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0771551** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VOORHIES, OLIN
128 N. DIXIE HIGHWAY
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1500 S. OCEAN DR.
3A
 City **HOLLYWOOD** FL Zip Code **33019**

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 **OLIN VOORHIES 4-15-02**
 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. ☐ **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D VOORHIES, OLIN 128 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **OLIN VOORHIES 4-15-02 954 925-0888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)