

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106584

1. Entity Name

LITIGATION CONSULTANTS ASSOCIATION, INC.

Principal Place of Business

700 SOUTHEAST 3RD AVENUE
SUITE 205
FT LAUDERDALE FL 33316

Mailing Address

4701 N FEDERAL HWY.
STE. 350
POMPANO BEACH FL 33064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SUCHOCKI, JOHN
4701 N. FEDERAL HWY.
SUITE 350
POMPANO BEACH1 FL 33064

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

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 PD
NAME AUMICK, FREDRICK S
STREET ADDRESS 700 SOUTHEAST 3RD AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE VD
NAME ALLISON, LEONA
STREET ADDRESS 700 SOUTHEAST 3RD AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE SD
NAME FAUSS, DAVID
STREET ADDRESS 700 SOUTHEAST 3RD AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE TD
NAME SUCHOCKI, JOHN
STREET ADDRESS 4701 N. FEDERAL HWY., STE. 350
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ 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
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

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

John Suchocki

4/17/01

954-941-2356

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90254 022 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0127806

CR2E034 (10/00)