

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003641

1. Entity Name
NORMA LEMIGNOT P.A.Principal Place of Business
3920 NE 16 AVE
OAKLAND PARK FL 33334Mailing Address
3920 NE 16 AVE
OAKLAND PARK FL 33334

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 65-0804846 Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMIGNOT-APOLLO, NORMA V
3920 NE 16 AVE
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name NORMA V LEMIGNOT

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 *Norma V. LEMIGNOT* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PSTD Delete
NAME LEMIGNOT-APOLLO, NORMA V
STREET ADDRESS 3920 NE 16 AVE
CITY-ST-ZIP OAKLAND PARK FL 33334TITLE Change Addition
NAME LEMIGNOT, NORMA V
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
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: *Norma V. LEMIGNOT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 954-749-6999
Daytime Phone #2002
AVFILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90052 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)