

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90197 002 ***150.00

CR20004 AV

DOCUMENT # P98000006494

1. Entity Name
LAWLOR, WINSTON & JUSTICE, P.A.



Principal Place of Business
2701 W. OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33311

Mailing Address
2701 W. OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33311

2. Principal Place of Business
2701 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
(SAME AS #2)

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number **65-0807935**

Applied For
Not Applicable

Zip Country
33311 BROWARD

Zip Country

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

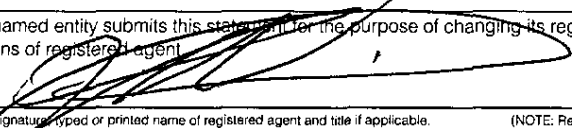
6. Name and Address of Current Registered Agent

WINSTON, ANDREW Y
2701 W. OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name
ANDREW Y WINSTON
Street Address (P.O. Box Number is Not Acceptable)
2701 W. OAKLAND PARK BOULEVARD
SUITE 100
City
FORT LAUDERDALE **FL** Zip Code
33311

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)

01/23/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLOR, JOHN K 2701 W. OAKLAND PARK BLVD., STE 100 FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, ANDREW Y 2701 W. OAKLAND PARK BLVD., STE 100 FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, CAM F. 2701 W. OAKLAND PARK BLVD., STE 100 FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2003

Date

(954) 525-2345

Daytime Phone #

CR20034 (10/02)