

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90354 018 ***150.00

DOCUMENT # P98000067580

1. Entity Name

LORI J. LAW, INC.



Principal Place of Business

~~211 CHIPPEWA AVENUE~~
~~TAMPA FL 33606~~

2509 W. Edgewood Rd
Tampa, FL 33609

Mailing Address

~~211 CHIPPEWA AVENUE~~
~~TAMPA FL 33606~~

2509 W. Edgewood Rd
Tampa, FL 33609

2. Principal Place of Business

2509 W. Edgewood Rd
Suite, Apt. #, etc.

3. Mailing Address

2509 W Edgewood Rd
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

65-0854954

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALE, CHRISTOPHER D
800 S.E. THIRD AVE.
C/O BRIAN C. DEUSCHLE, CHARTERED
FORT LAUDERDALE FL 33316

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LAW, LORI J
STREET ADDRESS 211 CHIPPEWA AVENUE 2509 W. Edgewood Rd
CITY-ST-ZIP TAMPA FL 33606 Tampa FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

42304 813-494-1617