

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90296 019 ***150.00

DOCUMENT # P98000067580

1. Entity Name
LORI J. LAW, INC.



Principal Place of Business
1460 SE 15TH STREET
UNIT C
FORT LAUDERDALE FL 33316

Mailing Address
1460 SE 15TH STREET
UNIT C
FORT LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address

211 Chippewa Avenue
Suite, Apt. #, etc.

211 Chippewa Avenue
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number 65-0854954

Applied For
Not Applicable

Zip Country
33606 USA

Zip Country
33606 USA

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

☐ CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAW, LORI J
STREET ADDRESS 717 SW 19TH ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE PD
NAME Lori Law
STREET ADDRESS 211 Chippewa Avenue
CITY-ST-ZIP Tampa, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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] president 3-27-03 813-494-1617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)