

DOCUMENT # P99000006768

1. Entity Name

LAURENCE D. GORE, P.A.

FILED
May 12, 2000 8:00 am
Secretary of State

04-19-2000 90045 013 ***150.00

Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD., #215
FORT LAUDERDALE FL 333082400 E. COMMERCIAL BLVD., #215
FORT LAUDERDALE FL 33308-4022

2. Principal Place of Business

3. Mailing Address

2400 E. Commercial Blvd

2400 E. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

709

709

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33308

33308

4. FEI Number

65-0948673

Applied For

Not Applicable

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

GORE, LAURENCE D
 2400 E. COMMERCIAL BLVD., #215
 FORT LAUDERDALE FL 33308

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	GORE, LAURENCE D									
	2400 E. COMMERCIAL BLVD., #215									
	FORT LAUDERDALE FL 33308									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

4937400

Date

Daytime Phone #