

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008698

1. Entity Name

LESSARD & COMPANY, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90019 012 \*\*\*150.00

Principal Place of Business

18 VIA MIZNER  
PALM BEACH FL 33480

Mailing Address

PO BOX 2732  
PALM BEACH FL 33480

713569

2. Principal Place of Business

224 Datura Street

3. Mailing Address

224 Datura Street

Suite, Apt. #, etc.

Suite 1218

Suite, Apt. #, etc.

Suite 1218

City & State

W. Palm Beach FL

City & State

W. Palm Beach FL

Zip

33401

Country

US

Zip

33401

Country

US

4. FEI Number

65-0895942

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

DE MENDOZA, MARIO G G III  
% MENDOZA AND CALLAS  
251 ROYAL PALM WAY, STE 602  
PALM BEACH FL 33480

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, 2001 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  
**P**  
**LESSARD, CARL**  
**3701 S FLAGLER DR B104**  
**WEST PALM BEACH FL 33405**

☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

(561) 655-8866

Daytime Phone #

CR2E034 (10/00)