

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

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

03-14-2000 90078 021 ***150.00

DOCUMENT # P99000009345

1. Entity Name

LAVERNE C. FABRY, P.A.

Principal Place of Business

1350 NORTH FEDERAL HIGHWAY
 POMPANO BEACH FL 33062

Mailing Address

1160 HILLSBORO MILE #401
 HILLSBORO BEACH FL 33062-1740

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0897144

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FABRY, LAVERNE C
1160 HILLSBORO MILE #401
HILLSBORO BEACH FL 33062-1740

7. Name and Address of New Registered Agent

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

TITLE **PRESIDENT/SECRETARY** Delete
 NAME **LAVERNE C. FABRY**
 STREET ADDRESS **1160 HILLSBORO MILE #401**
 CITY-ST-ZIP **HILLSBORO BEACH, FL 33062-1740**

TITLE **DIRECTOR** Delete
 NAME **LAVERNE C. FABRY**
 STREET ADDRESS **1160 HILLSBORO MILE #401**
 CITY-ST-ZIP **HILLSBORO BEACH, FL 33062-1740**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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

Laverne C. Fabry, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAVERNE C. FABRY

3/5/00
 Date

954 421-9383
 Daytime Phone #

CR2E034 (9/99)