2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900010131 LAGRAND ACCOUNTING & TAX. INC. Principal Place of Business Mailing Address 12693 E. TAMIAMI TRAIL 12693 E. TAMIAMI TRAIL SUITE 170 **SUITE 170** NAPLES FL 34113 NAPLES FL 34113

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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.

2. Principal Place of Business

~LAGRAND, TARA --

SUITE 170 NAPLES FL 34113

12693 E. TAMIAMI TRAIL

indicated on this report or supplemental report the corporation or the receiver or trustee e changed, or on an attachment with an addre

SIGNATURE AND

SIGNATURE:

Country

6. Name and Address of Current Registered Agent

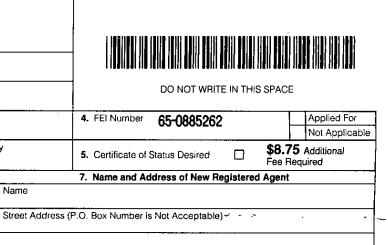
Suite, Apt. #, etc.

City & State

Zip

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90291 044 ***150.00



Zip Code

CR2E034 (10/00)

FL

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Tax filing requirement and elects to do so After M		After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 ter MAY 1, 2001 Fee will be \$550.00 Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND DIR	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LAGRAND, TARA 12693 E. TAMIAMI TRAIL, #170 NAPLES FL 34113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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							

SURECTOR

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Country

Name

City