FILED

May 02, 2000 8:00 am Secretary of State

03-07-2000 90002 042 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021400

1. Entity Name

L.A.W., RN CONSULTANT, INC.

Principal Place	of Business	Malling Address								
503 CYPRESS KNEE DRIVE AYONET POINT FL 34667		7503 CYPRESS KNEE DRIVE BAYONET POINT FL 34667-1401								
Principal Pla	ace of Business	3. Mailing Address			-					
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			4	DO NOT WRITE IN THIS SPACE				
· —-										
City & State		City & State		4. F	4. FEI Number 59-3563356			plied For It Applicable		
Zip Country		Zip	Zip Coun		5. 0	Certificate of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Currer	nt Registered Agent			7. N	ame and Address of New R	egistered A	gent		
				Name						
7503	Gins, Louisa a Cypress knee drive Onet point FL 34667				Street Address (P.O. Box Number is Not Acceptable)					
יותט	ONE) 1 ON1 1 C 07001			City			FL	Zip Code		
R. The above	named entity submits this statement	for the purpose of changing it	s register	ed office or regis	tered and	ent or both in the State of Flo	rida			
91 1110 00010	A L	ror the perpose of changing it	io rogiotoi	04 0 0 0 00 9 .0	norou ug.	sing of a country in the country of the				
SIGNATURE .	Januaro A. C.	200 (ma)					12-9	1-00		
SIGNATORIE -	Signature, typed or printed name of registered ago	nt and file if applicable. (NO	TE Registere	rd Agent signature requ	ured when re	Instating)	DATE			
Tax filing to	oration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00. Make Check Payable to Department of Sta			10. Election Campaign Fin Trust Fund Contribution	· · ·		0 May Be I to Fees	
 11,	OFFICERS AN	D DIRECTORS	12.			L DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	Daniel Lange	- P Delete	TITL					☐ Change	☐ Addition	
NAME	Rouisa H. W. S. S. M. 1903 Cypross Bayoner ft	75, 0.	AAA	1E						
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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 cath; 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127-808-5716