

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90130 001 ***150.00

DOCUMENT # P99000049889

1. Entity Name

KEVIN LABRIE & ASSOCIATES, INC.

Principal Place of Business

**405 S. FEDERAL HWY.
POMPANO BEACH FL 33062**

Mailing Address

**405 S. FEDERAL HWY.
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

596 Riverside Dr.

596 Riverside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0924301

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

LABRIE, KEVIN

405 S. FEDERAL HWY.

POMPANO BEACH FL 33062

Name

LABRIE, KEVIN

Street Address (P.O. Box Number is Not Acceptable)

596 Riverside Dr. Suite A

City

Coral Springs

FL

Zip Code

33071

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]

2-10-02

Signature typed or printed, same as to 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, 2002 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 ☐ Delete
NAME **TPSD**
STREET ADDRESS **LABRIE, KEVIN**
CITY-ST-ZIP **405 S. FEDERAL HWY.
POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **TPSD**
STREET ADDRESS **LABRIE, KEVIN**
CITY-ST-ZIP **596 Riverside Dr.
Coral Springs FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-02

Date

840-954-0188

Daytime Phone #

CR2E034 (9/01)