


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <i>P99-000061032</i>	
1. Entity Name LORD & ASSOCIATES OF CENTRAL FL., INC	

DO NOT WRITE IN THIS SPACE

11040125

2. Principal Place of Business 2451 PALMETTO DRIVE Suite, Apt. #, etc.	3. Mailing Address 2451 PALMETTO DRIVE Suite, Apt. #, etc.
City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32779	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0665058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DESALLE, SHARON	
	Street Address (P.O. Box Number is Not Acceptable) 2451 PALMETTO DRIVE	
	City LONGWOOD	FL Zip Code 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renovating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Desalle, Sharon 2451 Palmetto Drive, Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Desalle, Kevin 2451 Palmetto Drive, Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Desalle **Kevin Desalle** *4-29-03* *407 865 6903*

CR2E034B (12/02)