2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082759

1. Entity Name

LAWRENCE N. REYNOLDS, P.A.

Principal Place of Business	Mailing Address
250 W. SAMPLE ROAD, SUITE B-204 POMPANO BEACH FL 33064	250 W. SAMPLE ROAD, SUITE B-204 POMPANO BEACH FL 33064-8854

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
665 SE 10 STREET

Suite, Apt. #, etc.
Suite 100

City & State
Deerfield Beach FL

Zip 33441   Country Broward

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. FEI Number 65-0953000   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

REYNOLDS, LAWRNECE N
250 W. SAMPLE ROAD, SUITE B-204
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

City   **FL**   Zip Code

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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

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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

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11. OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE President NAME Lawrence N. Reynolds STREET ADDRESS 250 W. Sample Rd B204 CITY-ST-ZIP Pompano Beach FL 33064	☐ 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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CR2E034 (9/99)

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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.

Lawrence N. Reynolds
President

SIGNATURE: _Lawrence N. Reynolds_   1-06-2000   (954) 480-8541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #