

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90071 010 ***150.00

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DOCUMENT # **P99000082759**

1. Entity Name
LAWRENCE N. REYNOLDS, P.A.



Principal Place of Business
**665 SE 10 STREET
SUITE 100
DEERFIELD BEACH FL 33441**

Mailing Address
~~250 W. SAMPLE ROAD, SUITE B-204
POMPANO BEACH FL 33064~~



2. Principal Place of Business

3. Mailing Address
864 SPRING CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
105

CHECK HERE IF MAKING CHANGES

City & State

City & State
DEERFIELD BEACH

4. FEI Number
65-0953000

Applied For
 Not Applicable

Zip

Country

Zip
33441

Country
Broward

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

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

Name
REYNOLDS, LAWRENCE N.
Street Address (P.O. Box Number is Not Acceptable)
864 SPRING CIR 105
City
DEERFIELD BEACH **FL** Zip Code
33441

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 *Lawrence N. Reynolds* **Lawrence N. Reynolds** **1/17/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	REYNOLDS, LAWRENCE N	250 W. SAMPLE RD B204	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		864 SPRING CIR. 105	DEERFIELD BCH FL 33441	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence N. Reynolds* **Lawrence N. Reynolds** **President** **1/17/03** **(954) 480-9477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)