

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90723 013 ***150.00

DOCUMENT # S20054

1. Entity Name

KEITH H. LEFEVRE, P.A.



Principal Place of Business

225 E ROBINSON ST
STE 540
ORLANDO FL 32801
US

Mailing Address

225 E ROBINSON ST
STE 540
ORLANDO FL 32801
US

2. Principal Place of Business

157 E. LAKE BRANTLEY DR.

3. Mailing Address

157 E. LAKE BRANTLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

59-3040792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEFEVRE, KEITH H

~~225 E ROBINSON ST~~ 157 E. LAKE BRANTLEY DR.

~~STE 540~~ LONGWOOD, FL

~~ORLANDO FL 32801~~ 32779

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Keith H. Lefevre

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

(NOTE: Registered Agent signature required when reinstating)

04-30-01

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

TITLE D
NAME LEFEVRE, KEITH H
STREET ADDRESS ~~225 E ROBINSON ST, STE 540~~
CITY-ST-ZIP ~~ORLANDO FL 32801~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 157 E. LAKE BRANTLEY DR.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Keith H. Lefevre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

407-788-8801

Daytime Phone #

0100509 AV

CR2E034 (10/02)