

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87512

1. Entity Name

PATRICIA LOURMAIS, P.A.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 028 ***550.00

Principal Place of Business

~~309~~ LAKE AVENUE
33460 WORTH FL 33460-3996
US

Mailing Address

~~309~~ LAKE AVENUE
LAKE WORTH FL 33460-3996
US

2. Principal Place of Business

303 LAKE Ave
Suite, Apt. #, etc.

3. Mailing Address

303 LAKE Ave
Suite, Apt. #, etc.

00082023



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0289788

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOURMAIS, PATRICIA J

303 ~~309~~ LAKE AVENUE
LAKE WORTH FL 33460

Name

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

303 LAKE Ave

City

LAKE WORTH

FL

Zip Code

33460

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
STREET ADDRESS LOURMAIS, PATRICIA
CITY-ST-ZIP 309 LAKE AVENUE
LAKE WORTH FL

TITLE ☒ Change ☐ Addition
NAME PATRICIA LOURMAIS
STREET ADDRESS 303 LAKE AVE
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

7-14-00

Date

561-585-2530

Daytime Phone #

CR2E034 (5/00)