

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90056 050 ****61.25

DOCUMENT # 730954

1. Entity Name

LAKE SHARON INCORPORATED

Principal Place of Business

Mailing Address

**#1 KATHY LANE
 LAKE SHARON ESTATES
 FREEPORT FL 32439-6730**

**#1 KATHY LANE
 LAKE SHARON ESTATES
 FREEPORT FL 32439-6730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1576735**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNNE, CONNIE
 205 HICKORY STREET
 FREEPORT FL 32439**

Name: **OWCZARSKI, GREGG**
 Street Address (P.O. Box Number is Not Acceptable):
107 KATHY LANE E.
 City: **FREEPORT** FL Zip Code: **32439**

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 **OWCZARSKI, GREGG PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNNE, CONNIE 205 HICKORY STREET FREEPORT FL 32439	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, CLYDE 102 DARRELL COURT FREEPORT FL 32439	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERSON, ANNE 62 PETERS COURT FREEPORT FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSER, JEWEL 88 KATHY LANE E FREEPORT FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWCZARSKI, GREG 107 KATHY LANE E FREEPORT FL 32439	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, BILL 101 PETERS COURT FREEPORT FL 32439	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWCZARSKI, GREGG 107 KATHY LANE E. FREEPORT FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHUCK E. MERKEL, JR 23 KATHY LANE E. FREEPORT FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANNE ROBERSON 62 PETERS COURT FREEPORT FL 32439	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSER, JEWELL 88 KATHY LANE E. FREEPORT FL 32439	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, CLYDE 102 DARRELL COURT FREEPORT FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOHN 21 GNE COURT W. FREEPORT FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 897-5221
 Jan 22, 2002
 Date Daytime Phone #

CR2E037 (9/01)