

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90310 034 ****61.25

DOCUMENT # **730954**

1. Entity Name
LAKE SHARON INCORPORATED



Principal Place of Business

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

Mailing Address

**#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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**OWCZARSKI, GREGG
107 KATHY LANE E.
FREEPORT FL 32439**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

Jan 29, 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY MCCORMICK	
STREET ADDRESS	159 KATHY LANE EAST	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 REQUIRED
ANNE ROBERSON, TREASURER

Anne Roberson, TD 1/30/03 (850) 897-4695

CR2E037 (10/02)