2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G31030 **DOCUMENT #**

1. Entity Name

LILY LAKE RESORT HOMES INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90105 042 ***150.00

LILI DANE RESONT HOMES, INC.									
Principal Place 6603 HWY 27 FROSTPROOF		Mailing Address 500 US 27 SOUTH FROSTPROOF FL 33843							
2. Principal F	Place of Business	3. Mailing Address				1 1884(14 8888 41184 41841 88488 41141 8841 81811 84.	AN BUBAN BIGH B	[81] 61611 188)	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State				4. FEI Number 59-2280893	<u> </u>	oplied For	7
Zip	Country	Zip		Country			\$8.75 Add	ditional	1
-	6. Name and Address of Current	Registere	ed Agent	····		7. Name and Address of New Registered A	m military for		1
					Name				
SCARBOR	Rough, Jerry C.		Stroat Addroi			(P.O. Box Number is Not Acceptable)			
6603 HW				300	et Address (i	.o. box Number is Not Acceptable)].
FROSTPR	OOF FL 33843								
ŝ				City	′	FL	Zip Cod	le	1
8. The above the obligation	named entity submits this statement for tions of registered agent.	or the purp	ose of changing its re	egistered offic	ce or registere	ed agent, or both, in the State of Florida. I am f	amiliar with,	and accept	1
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registered Agent	signature required	when reinstating) DATE			
F	ILE NOW!!! FEE IS \$150.00								1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	1
TITLE	PD		☐ Defete	TITLE			☐ Change	☐ Addition	18
NAME	SCARBOROUGH, JERRY C. 6603 HWY 27			NAME					3
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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:



863-635-3685