


FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90267 021 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L18203
 1. Entity Name
 Pasco Lakes Inc.



90025680

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9995 Gate Parkway N. Suite, Apt. #, etc. Suite 200 City & State Jacksonville, Florida Zip 32246		3. Mailing Address 9995 Gate Parkway N. Suite, Apt. #, etc. Suite 200 City & State Jacksonville, Florida Zip 32246	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3085456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Michael A. Wodrich

Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd., Suite 1500

City Jacksonville FL Zip Code 32207

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  DATE _____


Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Charles C. Appleby 9995 Gate Parkway N., Suite 200 Jacksonville, Florida 32246	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Felix A. Crawford 9995 Gate Parkway N., Suite 200 Jacksonville, Florida 32246	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Walter Hall 9995 Gate Parkway N., Suite 200 Jacksonville, Florida 32246	TITLE 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(9)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Charles C. Appleby 2/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)