

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90138 023 \*\*\*158.75

**DOCUMENT # P96000013687**

1. Entity Name  
**LAKE WALES BUILDING TRADES CENTER, INC.**

Principal Place of Business      Mailing Address  
**107 W. ORANGE AVENUE      107 W. ORANGE AVENUE**  
**LAKE WALES FL 33853      LAKE WALES FL 33853**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3360334</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MULBERRY, LORENCE H</b> <b>446 N. 4TH STREET</b> <b>LAKE WALES FL 33853</b>				Name <b>Bobby G. McCollough</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>5154 VALENCIA ST.</b>			
				City <b>LAKE WALES</b>		FL	

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: *Bobby G. McCollough*      DATE: **4/24/02**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULBERRY, LORENCE H		NAME	Bobby G. McCollough	
STREET ADDRESS	446 N. 4TH STREET		STREET ADDRESS	5154 Valencia St.	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary - Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULBERRY, RUTH		NAME	Betty L. Bowen	
STREET ADDRESS	446 N. 4TH STREET		STREET ADDRESS	2437 Forest Dr.	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice-Pres. + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLOUGH, BOBBY		NAME	Thereas C. McCollough	
STREET ADDRESS	5154 VALENCIA STREET		STREET ADDRESS	5154 Valencia St.	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARG, PAUL		NAME		
STREET ADDRESS	218 BABSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK FL 32857		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Bobby G. McCollough President*      DATE: **4/24/02**      DAYTIME PHONE: **863-676-2221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)