

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90044 015 ***150.00

DOCUMENT # P00000113251

1. Entity Name
LAKEUKA INC.

Principal Place of Business

9645 ESTUARY WAY #4
SEBASTIAN FL 32958

Mailing Address

9645 ESTUARY WAY #4
SEBASTIAN FL 32958

2. Principal Place of Business

9745 N. MARINA DR.

Suite, Apt. #, etc.

3. Mailing Address

9745 N. MARINA DR.

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

Zip

32958

Country

USA

Zip

32958

Country

USA

4. FEI Number

59-3685150

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GILSON, EUGENE
9645 ESTUARY WAY, #4
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

EUGENE GILSON

Street Address (P.O. Box Number is Not Acceptable)

9745 N. MARINA DRIVE

City

SEBASTIAN

FL

Zip Code

32958

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 **EUGENE GILSON - SECRETARY**

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

(NOTE: Registered Agent signature required when terminating)

DATE

2/24/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GILSON, JACKLYN	
STREET ADDRESS	9645 ESTUARY WAY, #4	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILSON, GREGORY	
STREET ADDRESS	228 ONONDAGA ST.	
CITY-ST-ZIP	CORNING NY 14830	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILSON, LYNNE	
STREET ADDRESS	125 N. KALAHEO AVE.	
CITY-ST-ZIP	KAILUA HI 96734	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILSON, JENNIFER	
STREET ADDRESS	1 HUGO CT.	
CITY-ST-ZIP	SILVER SPRINGS MD 20906	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, JACKLYN	
STREET ADDRESS	9745 N. MARINA DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **EUGENE GILSON (SECRETARY)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Gilson

DATE **2/24/01**

561-388-2975

Daytime Phone #

CR2E034 (10/00)