

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

DOCUMENT # L18203

1. Entity Name:

Pasco Lakes, Inc.

FILED

02 SEP -9 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9344 Old Pasco Rd.

3. Mailing Address

6622 Southpoint Dr. South

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 310

City & State

Wesley Chapel, FL

City & State

Jacksonville, FL

Zip

33544

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3085456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Intrastate Registered Agent Corp.

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

701 Brickell Ave. Suite 3000

City Miami

FL

Zip Code
33131

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DCP Arcaini, Gianni B.
7889 Hunters Grove Rd.
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V T Weeks, Connie
6858 Plum Lane E
Jacksonville, FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V S Trait, Patrick M
10 Tenth St.
Atlantic Beach, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V Bollman, Indie B.
612 15th Avenue S.
Jacksonville Beach, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V Bell, Ted W.
12563 Dragon Fly Lane, N
Jacksonville, FL 32225

TITLE
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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gianni B. ARCAINI 9/3/02 (904) 296-2800

Date

Telephone Number

CR2E034B (12/01)