

AMENDED

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

FILED

02 DEC -3 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18203

1. Entity Name

Pasco Lakes, Inc.

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

(Not for Registered Agent signature required when not raising)

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
D C P Arcaini, Gianni B.
STREET ADDRESS
7889 Hunters Grove Rd.
CITY-ST-ZIP
Jacksonville, FL 32256

TITLE
NAME
V Bell, Ted
STREET ADDRESS
12563 Dragon Fly Lane
CITY-ST-ZIP
Jacksonville, FL 32225

TITLE
NAME
V T S Trait, Patrick M.
STREET ADDRESS
10 Tenth St.
CITY-ST-ZIP
Atlantic Beach, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02 (904) 296-2802

Date

Expiry: Phone: #

CR2E034B (12/01)