

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90103 008 \*\*\*150.00

**DOCUMENT # 259438**

**1. Entity Name**  
**NORTH LAKESIDE CORPORATION OF LAKE WORTH, INC.**



**Principal Place of Business**  
**113 NORTH LAKESIDE DR.**  
**APT. #3**  
**LAKE WORTH FL 33460**

**Mailing Address**  
**113 NORTH LAKESIDE DR.**  
**APT. #3**  
**LAKE WORTH FL 33460**

**2. Principal Place of Business**

**3. Mailing Address**

**208 NORTH O STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LAKE WORTH, Florida**

Zip

Country

Zip

Country

**33460**

**USA**

**4. FEI Number**

**NOT APPLICABLE**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCCORMICK SMITH, PATRICIA**  
**208 NORTH O STREET**  
**LAKE WORTH FL 33460**

Name

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

City

**FL**

Zip Code

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **STD** ☐ Delete  
**NAME** **MCCORMICK SMITH, PATRICIA**  
**STREET ADDRESS** **208 NORTH O STREET**  
**CITY-ST-ZIP** **LAKE WORTH FL 33460**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **BARACKMAN, KEN**  
**STREET ADDRESS** **113 NORTH LAKESIDE DR.**  
**CITY-ST-ZIP** **LAKE WORTH FL 33460**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **PD** ☐ Delete  
**NAME** **GILLECE, CHARLES**  
**STREET ADDRESS** **8746 TWIN BRIDGE RD**  
**CITY-ST-ZIP** **GRAYLING MI 49738**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**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(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Patricia McCormick Smith* **1/15/03 561-585-3514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)