

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90001 033 \*\*\*550.00

**DOCUMENT # 281120**

1. Entity Name

**LAKE HAVEN MOBILE SALES, INC.**

Principal Place of Business

**1415 MAIN ST., #501  
DUNEDIN FL 34698  
US**

Mailing Address

**1415 MAIN ST., #501  
DUNEDIN FL 34698  
US**

2. Principal Place of Business

**93 Eastwinds Ct  
Suite, Apt. #, etc.**

3. Mailing Address

**93 Eastwinds Ct.  
Suite, Apt. #, etc.**

City & State

**Palm Harbor, Fla.**

City & State

**Palm Harbor, Fla.**

Zip

**34683**

Country

**USA**

Zip

**34683**

Country

**USA**

4. FEI Number

**59-1050718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCDANIEL, JAMES E  
1415 MAIN ST., #501  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCDANIEL, JAMES E.</b>	
STREET ADDRESS	<b>501 LAKE HAVEN PARK</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>STV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCDANIEL, JAMES E</b>	
STREET ADDRESS	<b>501 LAKE HAVEN PARK</b>	
CITY-ST-ZIP	<b>DUNEDIN, FL 00000</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MCDANIEL, JAMES E.</b>	
STREET ADDRESS	<b>501 LAKE HAVEN PARK</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Sec. - Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jim L. Stetler</b>	
STREET ADDRESS	<b>Palm Harbor</b>	
CITY-ST-ZIP	<b>93 E. Winds Ct. - Fla. 34683</b>	
TITLE	<b>V. Pres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jim L. Stetler</b>	
STREET ADDRESS	<b>Palm Harbor</b>	
CITY-ST-ZIP	<b>93 E. Winds Ct. - Fla. 34683</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jim L. Stetler</b>	
STREET ADDRESS	<b>Palm Harbor</b>	
CITY-ST-ZIP	<b>93 E. Winds Ct. - Fla. 34683</b>	
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:

**SIGNATURE REQUIRED: Stetler - Director 8/20/01 813 7828550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)