

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90142 042 ***150.00

0628332

DOCUMENT # 286542

1. Entity Name
LAZY S CORPORATION

Principal Place of Business Mailing Address
2000 ARIANA STREET 2000 ARIANA STREET
LAKELAND FL 33803-8699 LAKELAND FL 33803-8699

743393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1162164** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, EDWIN C
2000 ARIANA STREET
LAKELAND FL 33803

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 *Edwin C Smith, Pres* **Edwin C Smith, Pres** **1/4/00**
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM M	
STREET ADDRESS	2000 ARIANA ST.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, EDWIN C	
STREET ADDRESS	2000 ARIANA ST.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STONE, NELDA S.	
STREET ADDRESS	820 N EDITH AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUTLAW, FAYNE D.	
STREET ADDRESS	1905 JAUDON RD.	
CITY-ST-ZIP	DOVER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, ILLA-BETH	
STREET ADDRESS	2214 HATHAWAY ROAD	
CITY-ST-ZIP	SEDRO WOOLLEY WA	
TITLE		<input type="checkbox"/> Delete
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		
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: *Nelda S Jackson* **Nelda S Jackson** **4/17/01** **(863)686-0322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)