## FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # 362605** 1. Entity Name 03-23-2000 90007 028 \*\*\*150.00 LAKE NISSAN SALES, INC. Principal Place of Business Mailing Address 10234 UW HWY 441 S 10234 UW HWY 441 S LEESBURG FL 34788 LEESBURG FL 34788 628823 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1292077 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAKICH, MILAN ----Street Address (P.O. Box Number is Not Acceptable) 10234 US HWY 441 LEESBURG FL 34788 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PDV ☐ Channe TITLE TITLE Delete **BAKICH, MILAN** NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 176; HWY 19 N/A CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL Change ☐ Addition TITLE Delete TITLE BAKICH, JUDITH NAME NAME PO BOX 176; HWY 19 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF UMATILLA FL ☐ Change **VPD** ☐ Delete TITLE Addition TITLE BAKICH, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 417 N/A CITY-ST-ZIP CITY-ST-ZIP UMATILLA, FL 00000 ☐ Change ☐ Delete TITLE ☐ Addition TITLE BAKICH, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 3003 E BEAUMONT LN CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 33 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attac ment with a address, with all other like eg SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF Date Daytime Phone #