

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91484 011 \*\*\*150.00

**DOCUMENT # 550796**

1. Entity Name

LAKE'S UNIFORMS, INC.

Principal Place of Business

1712 PARK AVE.  
 ORANGE PARK FL 32073  
 US

Mailing Address

3365 DOCTORS LAKE DRIVE  
 ORANGE PARK FL 32065

2. Principal Place of Business

3635 PARK ST

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-1776341

Applied For

Not Applicable

Zip

Country

32205

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAKE, LLOYD J  
 3365 DOCTORS LAKE DR.  
 ORANGE PARK FL 32073

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 \$150.00**  
**After May 1, 2002 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

TITLE PD  
 NAME LAKE, PATRICIA V ☒ Delete  
 STREET ADDRESS 3365 DOCTORS LAKE DR  
 CITY-ST-ZIP ORANGE PARK FL

TITLE V  
 NAME LAKE, LLOYD L ☐ Delete  
 STREET ADDRESS 3725 RANDALL STREET  
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE V  
 NAME SULLIVAN, LISA ☐ Delete  
 STREET ADDRESS 2446 NW 15TH PLACE  
 CITY-ST-ZIP GAINESVILLE FL

TITLE VST  
 NAME LAKE, LLOYD J ☐ Delete  
 STREET ADDRESS 3365 DOCTORS LAKE DR  
 CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VST PD ☒ Change ☐ Addition

NAME LAKE, Lloyd J.  
 STREET ADDRESS 3365 Doctor's Lake DR.  
 CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: LAKE, LLOYD J  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 2002 388 0996  
 Date Daytime Phone #

CR2E034 (9/01)