

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90115 024 ***150.00

0083186 AV

DOCUMENT # 561846

1. Entity Name

LAKELAND SLEEP CENTER, INC.

Principal Place of Business

**1052 E MEMORIAL BLVD
 LAKELAND FL 33801**

Mailing Address

**1052 E MEMORIAL BLVD
 LAKELAND FL 33801**

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

59-2088562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CASSEL, KEN
 1052 E MEMORIAL BLVD
 LAKELAND FL 33801**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **CASSEL, KEN**
 STREET ADDRESS **1052 E MEMORIAL BLVD**
 CITY-ST-ZIP **LAKELAND, FL 00000**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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: KEN CASSEL, PRESIDENT 7/09/01 863-688-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Sleep Center

"Your Sleep Experts Since 1975"



Attachment

D

July 9, 2001

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Lakeland Sleep Center, Inc., 59-2088562
Document # 561846

Dear Sir/Madame:

We spoke to a representative in your office at the telephone number listed on the above referenced report today regarding the fact that we never received the report that was sent out in January.

We were advised by your representative to send the above referenced report with a check for \$150.00 and a letter explaining that we had never received the first report.

We would never intentionally fail to file our Uniform Business Report as we have done for the last twenty plus years of doing business in Florida.

We ask that you make allowance for the fact that we never received the first report and accept this filing and the enclosed check for \$150.00.

Thank you for any consideration given us. If you have any questions, please call 863-688-3768.

Sincerely,

A handwritten signature in cursive script that reads "Gwendolyn V. Stinson".

Gwendolyn V. Stinson
Office Manager

GS/vc