

2000 UNIFORM BUSINESS REPORT (UBR)

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0448591

DOCUMENT # 568381

1. Entity Name
P AND R OF LAKELAND INC.

FILED
00 JUL -7 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 130 E. CARTER ROAD LAKELAND FL 33813	Mailing Address 130 E. CARTER ROAD LAKELAND FL 33813-3610
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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

4. FEI Number 59-1806920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSENBLUM, NANCY W
130 E CARTER ROAD
LAKELAND FL 33813**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBLUM, CECIL 130 E CARTER ROAD LAKELAND, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSENBLUM, NANCY W 130 E CARTER ROAD LAKELAND, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003343277--7 -08/02/00--01016--007 ****150.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: **UP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EDDER, GRIMSLEY & COMPANY, P.A.** Daytime Phone #
103 South Florida Avenue
Lakeland, Florida 33801-69-2353070

CR2E034 (9/99)



Tedder, Grimsley & Company, P.A.

Certified Public Accountants

PAAC 2012

June 27, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Post Office Box 6327
Tallahassee, Florida 32314

RE: P and R of Lakeland, Inc.
FEI 59-1806920
Document # 568381

We are enclosing the signed Uniform Business Report for the above-named corporation, which should have been mailed to your office on or before May 1, 2000, along with the \$150 filing fee. Due to a breakdown in our normal office procedures resulting from my taking chemotherapy since January, we failed to complete and mail this report on a timely basis.

Since the taxpayer was not at fault and relied entirely upon us to timely file this Report, we are asking that you consider waiving the late filing fee. The taxpayer has always timely filed in prior years, so we would appreciate your favorable consideration.

Sincerely,

David L. Aldridge

DLA:jd

Enclosure: as stated

Cc: P and R of Lakeland, Inc.