2000 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 ST

FILED **DOCUMENT # 568381** 1. Entity Name 00 JUL -7 PM 1:31 P AND R OF LAKELAND INC. SECRETARY OF STATE. TAKELAHASSEE, FLORIDA Mailing Address Principal Place of Business 130 E. CARTER ROAD 130 E. CARTER ROAD LAKELAND FL 33813-3610 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1806920 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBLUM, NANCY W Street Address (P.O. Box Number is Not Acceptable) 130 E CARTER ROAD LAKELAND FL 33813 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VD** Change ☐ Addition TITLE TITLE Delete ROSENBLUM, CECIL NAME NAME 700003343277--7 STREET ADDRESS 130 E CARTER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 00000 PTD ☐ Defete TITLE TITLE ROSENBLUM, NANCY W NAME NAME STREET ADDRESS STREET ADDRESS 130 E CARTER ROAD CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 00000 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this fill to poes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the information indicated on this report of 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 acceiver of 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.

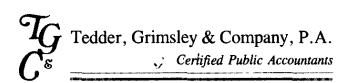
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TODDER, GRIMSLEY & COMPANY A

Lakeland, Florida 33801-59-2353076

Daytime Phone #





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.