2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

580411 DOCUMENT

1. Entity Name

LAKES ELECTRONICS, INC.



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90258 041 ***150.00

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2. Principal Place of Business 5245 N. UNIVERSITY DR			50	6245 N. UNIVERSITY DR									
Suite, Apt. #, etc. ~				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
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City & State			City	City & State				4. FEI Number NOT APPLICABLE Applied For					
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Žip		Country	Zip		Coun	itry		5. C	ertificate of Status Desired		8.75 Add		
	C N										ee Require	ed	
	6. Name	and Address of Curr	ent Hegistere	ed Agent		Name	N =	7. Na	ame and Address of New Reg	stered A	gent	-	
MACDHE	DOM EDAN	ICES O				Ivanie							
MACPHERSON, FRANCES O. 2735 KINGSTON BLVD 5245 N.				UNIVERSITY DR			Street Address (P.O. Box Number is Not Acceptable)						
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	e named entity itions of regist		nt for the purp	ose of changing its	register	ed office or re	egistere	d agei	nt, or both, in the State of Florid	a. I am ta	miliar with,	and accept	
, the outga		ered agent. 							•				
SIGNATURE		•											
	Signature, typed	or printed name of registered a	gent and title if app	olicable. (NOT	E: Registere	d Agent signature	required w	vhen rein	stating)	DATE			
·	FILE NOW!!	! FEE IS \$150.00										_	
		3%Fee will be \$550.	00						 Election Campaign Finance Trust Fund Contribution. 	oing		O May Be	
Make Chec	k Payable to	曼orida Departmer	t of State						· · ·		Audec	3101665	
10.	J+	OFFICERS A	ND DIRECTO	RS	11.			ADD	ITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE	PD ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	MACPHER	SON, FRANCES O.			NAM	E			·		_ ,		
STREET ADDRESS	5245 N.UN	IVERSITY DR.			STRE	ET ADDRESS							
CITY-ST-ZIP	LAUDERHII	⊥ FL 33351			CITY	-ST-ZIP							
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NAME	MACPHERS	SON, ROBERT E.		25 501010	NAM						onlings		
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12. I hereby of	certify that the	information supplied	with this filing	does not qualify for	the exer	mption stated	in Sect	tion 11	9.07(3)(i), Florida Statutes. I fur gal effect as if made under oath	ther certif	y that the in	formation	
of the cor	rporation or th	e receiver or trustee er	npowered to	accurate and that n execute this report	ny signat as recuir	ed by Chapte	e uie sa er 607. I	me leg Florida	gai effect as if made under oath i Statutes; and that my name ag	, man an pears in l	⊤an oπicer Block 10 or	or airector Block 11 if	
changed	, or on an atta	chment with an address	s, with all oth	er like empowered.		, Oapi			. I	,	2.30 10 01	_10011 1111	