

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90258 041 \*\*\*150.00

**DOCUMENT # 580411**

1. Entity Name  
**LAKES ELECTRONICS, INC.**



Principal Place of Business  
~~5430 N. UNIVERSITY DR.~~  
LAUDERHILL, FL 33351-5005  
**5245 N. UNIVERSITY DR.**

Mailing Address  
~~5430 N. UNIVERSITY DR.~~  
LAUDERHILL, FL 33351-5005  
**5245 N. UNIVERSITY DR.**



2. Principal Place of Business  
**5245 N. UNIVERSITY DR**

3. Mailing Address  
**5245 N. UNIVERSITY DR**

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MACPHERSON, FRANCES O.**  
~~2735 KINGSTON BLVD.~~ **5245 N. UNIVERSITY DR**  
~~SARASOTA FL 34238~~ **LAUDERHILL, FL 33351**

**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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACPHERSON, FRANCES O.		NAME		
STREET ADDRESS	5245 N. UNIVERSITY DR.		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACPHERSON, ROBERT E.		NAME		
STREET ADDRESS	5245 N. UNIVERSITY DR.		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP		
TITLE	VM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACPHERSON, ANDREW, E.		NAME		
STREET ADDRESS	5245 N UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Frances O. Macpherson* **REQUIRE MACPHERSON** **4/21/03 954-749-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)