

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 045 ***150.00

DOCUMENT # **626971** ✓
1. Entity Name
LAKESIDE LEARNING CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16510 No. FLORIDA AVE
Suite, Apt. #, etc.

3. Mailing Address
16510 No. FLORIDA
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUZ, FLORIDA

City & State
LUZ, FLORIDA

4. FEI Number
59-1917598

Applied For
Not Applicable

Zip
33549

Country
USA

Zip
33549

Country
USA

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

7. Name and Address of Current Registered Agent

Name
MARGARET B. MARSH

Street Address (P.O. Box Number is Not Acceptable)
119 WEST CHAPMAN RD

City
LUZ, FLORIDA **FL** Zip Code
33548-6136

**DO NOT WRITE
IN THIS SPACE**

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 **Margaret B Marsh** **MARGARET B. MARSH** **April 23, 2002**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
NAME
MARGARET B. MARSH
STREET ADDRESS
119 WEST CHAPMAN RD
CITY - ST - ZIP
LUZ, FL 33548-6136

TITLE
SECRETARY - TREASURER
NAME
JACK T. MARSH
STREET ADDRESS
119 WEST CHAPMAN ROAD
CITY - ST - ZIP
LUZ, FLORIDA 33548-6136

TITLE
VICE PRESIDENT
NAME
DONALD OWEN LEQUETT, JR
STREET ADDRESS
17606 KAMBRIDGE COURT
CITY - ST - ZIP
LUZ, FLORIDA 33548-

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE **Margaret B Marsh** **MARGARET B. MARSH** **PRESIDENT** **04/23/2002** **813-962-3965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)