## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

F02000002507

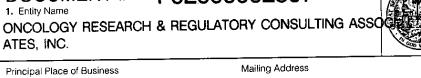
5335 GREENS DR

LADY LAKE FL 32159

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LADY LAKE FL 32159

ATES, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90320 044 \*\*\*150.00

CCUUIDUD

Principal Pla	ace of Business	3. Mailing Address				T HERDING THE BEING HAVE BEEN GOING SOICH BBIN BOING BIBER BHIN BORN LOOK LAND				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u>·</u>	CHECK HERE IF MAKING CHANGES				
City & State		City & State			<b>4.</b> F	TETROTION OF OFFICE			oplied For ot Applicable	
Zip* ~	Country	Zip	Cor	untry	<b>5.</b> C	Certificate of Status Desired		8.75 Add		
<u>:</u>			!	1	7 N	lame and Address of New Re			<u> </u>	
6. Name and Address of Current Registered Agent					Name					
					<u> </u>					
LOBIANCO, LISSANTE				Street Address (P.O. Box Number is Not Acceptable)						
5335 GREENS DR						<del></del>	·			
LADY LAKE FL 32159										
				City			FL	Zip Coo	ie	
. The above the obligati	named entity submits this statement for ions of registered agent.	or the purpose of char	nging its regist	ered office or re	egistered age	ent, or both, in the State of Flor	ida. I am far	niliar with	and accept	
GNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	ered Agent signature	required when re	ainstating)	DATE			
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 Fina Trust Fund Contribution	. 🗆	Adde	00 May Be d to Fees	
0.	OFFICERS AND	DIRECTORS	1	1.	AD.	DITIONS/CHANGES TO OFFIC			Addition	
ITLE	СР	☐ Del	OLO.	TILE				☐ Change	Addition	
IAME	LOBIANCO, LISSANTE			TREET ADDRESS						
TREET ADDRESS	5335 GREENS DR			CITY-ST-ZIP			4			
CITY-ST-ZIP	LADY LAKE FL 32159			TITLE				☐ Change	☐ Addition	
TTLE	VCVP	Li De		NAME						
iame Street address	GRIESHABER, CHARLES 5335 GREENS DR		9	STREET ADDRESS						
CITY-ST-ZIP	LADY LAKE FL 32159			CITY-ST-ZIP			··			
TITLE	T	☐ De	ete	TITLE				☐ Change	Addition	
NAME	GRIESHABER, CHARLES			NAME						
STREET ADDRESS	5335 GREENS DR			STREET ADDRESS						
CITY-ST-ZIP	LADY LAKE FL 32159			CITY-ST-ZIP			-			
TITLE	DS	□ De		TITLE				☐ Change	☐ Addition	
VAME	PARCAMENT, RALPH			NAME						
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP						
CITY - ST-ZIP	GROSSE POINTE FARMS MI 48							Change	Addition	
TITLE		□ De	1010	TITLE NAME						
NAME	1			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		-		CITY-ST-ZIP						
	<del>                                     </del>	□ De	lete -	TITLE				☐ Change	Addition	
title Name		_ 56	1010	NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP		<u>.</u>				
	· · · · · · · · · · · · · · · · · · ·									

12. Thereby 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:

Daytime Phone #