

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F25726

1. Entity Name

STUART LAKESIDE CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90145 003 ***158.75

Principal Place of Business Mailing Address
701 S. E. MARTIN LUTHER KING BLVD. 701 S. E. MARTIN LUTHER KING BLVD.
STUART FL 34994 STUART FL 34994

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2170033

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

7. Name and Address of New Registered Agent

OAKOWSKY, STANLEY E
701 SE MARTIN LUTHER KING BLVD.
STUART FL 34994

Name Charlene Oakowsky
Street Address (P.O. Box Number is Not Acceptable)
3030 SE Cypress St

City Stuart FL Zip Code 34997

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete
NAME OAKOWSKY, STANLEY E
STREET ADDRESS 701 SE MARTIN LUTHER KING BLVD.
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME OAKOWSKY, EDWARD
STREET ADDRESS 116 VILLAS ST
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VP~~ ☐ Delete
NAME ~~oo~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VP~~ ☐ Change ☒ Addition
NAME Oakowsky, Charlene D
STREET ADDRESS 3030 SE Cypress St
CITY-ST-ZIP Stuart, FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

1-24-00 561-287-1877

CR2E034 (9/99)