

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005936

1. Entity Name

LAKEPOINTE ENVIRONMENTAL GROUP, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90078 003 ***150.00

Principal Place of Business

Mailing Address

5001 SW ORCHID BAY DR
VILLA C
PALM CITY FL 34990

5001 SW ORCHID BAY DR
VILLA C
PALM CITY FL 34990

Delete

2. Principal Place of Business

5001 SW ORCHID BAY DR.

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State

PALM CITY FL

City & State

FL

Zip

34990

Country

MARTIN

Zip

Country

4. FEI Number

73-1389873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERAFIN, JACOB R
5001 SW ORCHID BAY DR
PALM CITY FL 34990

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.

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, 2001 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

TITLE P
NAME SERAFIN, JACOB R
STREET ADDRESS 5001 SW ORCHID BAY DR
CITY-ST-ZIP PALM CITY FL 34990

☐ Delete

TITLE S
NAME SERAFIN, SHARI L
STREET ADDRESS 5001 SE ORCHID BAY DR
CITY-ST-ZIP PALM CITY FL 34990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jacob R. Serafin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

561 287 7698

Daytime Phone #

CR2E034 (10/00)