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

## F96000000073 **DOCUMENT #**

LAKÉ MANOR, INC. OF PENNSYLVANIA



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90186 018 \*\*\*150.00

NAME HAGER, GEORGE V STREET ADDRESS 101 EAST STATE STREET  NAME CFORGE HAGER STREET ADDRESS 101 EAST STATE STREET											
2. Principal Pase of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State	101 ÉAST STATE STREET KENNETT SOUARE PA 19348		101 ÉAST STATE STREET KENNETT SQUARE PA 19348								
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Status Desired  Name  Street Address (P.D. Box Number is Not Acceptable)  Street Address (P.D. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  Street Address (P.D. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.D. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.D. Box Number is Not Acceptable)  Street Addre	2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address			1881 88 1115 IL	<b>     </b>	DRIEL BRIEF	1 <b>41)   142)   141)</b>	<b>9906</b> 1114 1 <b>06</b> 1
Zip Country Zip Country Signature Country Signature Country S. Certificate of Status Desired Sta	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent and title if appropriate the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligation of registered agent.  8. The above named entry submits this statement for the purpose of change in the familiar with, and accept the obligation of registered agent.  9. Election Campaign Financing  10. CCEO  11. CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. CADDITIONS/CHANGES TO OFFIC	City & State	3	City & State			4. 1	FEI Number 23	3-2860318		_ <del> </del>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  6. 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 collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  FILE NOW!! FEE IS 5150.00 Agent spatial with a statement for the purpose.  GEOFICE Register Register of Registered agent. In the State of Florida.  State Address (P.O. Box Number is Not A	Zip	Country	Zip	Zip Country			Certificate of Stat	us Desired			
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12. I hereby certify that the information supplied with this filling 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:**