

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-14-2003 90063 017 ***150.00

DOCUMENT # F98000006360											
1. Entity Name LAKE ESTATES CORPORATION											
Principal Place of Business 17664 LAKE ESTATES DR. BOCA RATON FL 33496			Mailing Address 17664 LAKE ESTATES DR. BOCA RATON FL 33496								
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 36-4220820							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent JACOBSON, NORMAN K 17664 LAKE ESTATES DR. BOCA RATON FL 33496			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name <u>ANNE JACOBSON</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) <u>17664 LAKE ESTATES DR.</u></td> </tr> <tr> <td style="padding: 2px;">City <u>BOCA RATON</u></td> <td style="padding: 2px;">FL Zip Code <u>33496</u></td> </tr> </table>			Name <u>ANNE JACOBSON</u>		Street Address (P.O. Box Number is Not Acceptable) <u>17664 LAKE ESTATES DR.</u>		City <u>BOCA RATON</u>	FL Zip Code <u>33496</u>
Name <u>ANNE JACOBSON</u>											
Street Address (P.O. Box Number is Not Acceptable) <u>17664 LAKE ESTATES DR.</u>											
City <u>BOCA RATON</u>	FL Zip Code <u>33496</u>										
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. I am familiar with, and accept the obligations of registered agent. <table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE <u>ANNE JACOBSON</u> (ANNE JACOBSON)</td> <td style="width:20%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width:40%; text-align: right;">DATE <u>4/21/03</u></td> </tr> </table>						SIGNATURE <u>ANNE JACOBSON</u> (ANNE JACOBSON)	(NOTE: Registered Agent signature required when reinstating)	DATE <u>4/21/03</u>			
SIGNATURE <u>ANNE JACOBSON</u> (ANNE JACOBSON)	(NOTE: Registered Agent signature required when reinstating)	DATE <u>4/21/03</u>									
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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JACOBSON, NORMAN K 17664 LAKE ESTATES DR. BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AND PRESIDENT ANNE JACOBSON 17664 LAKE ESTATES DR. BOCA RATON FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AND DIRECTOR NORMAN JACOBSON 17664 LAKE ESTATES DR. BOCA RATON FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition						

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ANNE JACOBSON 4/10/03 561-488-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)