

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91770 027 ***150.00

DOCUMENT # G96546

1. Entity Name
LAK, INC.

Principal Place of Business
601 S. ANDREWS AVE. STE 201
FT. LAUDERDALE FL 33301

Mailing Address
601 S. ANDREWS AVE. STE 201
FT. LAUDERDALE FL 33301

2. Principal Place of Business

441 S. Andrews Ave
 Suite, Apt. #, etc.

3. Mailing Address

441 S. Andrews Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. Laud. FL
 Zip
33301
 Country
USA

City & State
FT. Laud. FL
 Zip
33301
 Country
USA

4. FEI Number **59-2424861**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, GREGORY L
601 S. ANDREWS AVE. #201
FT. LAUDERDALE FL

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, 2002 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
STD
 NAME
TEST, MILTON L
 STREET ADDRESS
120 S. BIRCH RD., #15
 CITY-ST-ZIP
FT. LAUDERDALE FL 33301
☒ Delete

TITLE
P
 NAME
JACKSON, GREGORY L
 STREET ADDRESS
601 S ANDREWS STE 201
 CITY-ST-ZIP
FT LAUDERDALE FL
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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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

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☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)