

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90094 036 ***150.00

DOCUMENT # H00851

1. Entity Name
2604 - 2640 S.E. LAKEVIEW DRIVE, INC.

Principal Place of Business Mailing Address
1135 PEACH TREE DRIVE 401 DEL HALL BLVD
LAKE PLACID FL 33852 LAKE PLACID FL 33852
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
265 Saddleworth Place

3. Mailing Address
401 Dal Hall Boulevard

Suite, Apt. #, etc.

City & State
Heathrow, Florida

City & State
Lake Placid, Florid

Zip
32746

Country
USA

Zip
33852

Country
USA

4. FEI Number **59-2441678**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEEHAN, J. TIMOTHY
325 CENTRAL AVE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **J. TIMOTHY SHEEHAN**

Street Address (P.O. Box Number is Not Acceptable)
401 Dal Hall Boulevard

City **Lake Placid,** **FL** Zip Code **33852**

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 DATE **1/9/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BHULLAR, K. S. 325 CENTRAL AVE. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEEHAN, J. TIMOTHY 325 CENTRAL AVE. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BHULLAR, A. S. 325 CENTRAL AVE. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BHULLAR, K. S. % 401 Dal Hall Boulevard Lake Placid, Florida 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEEHAN, J. TIMOTHY 401 Dal Hall Boulevard Lake Placid, Florida 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BHULLAR, A. S. % 401 Dal Hall Boulevard Lake Placid, Florida 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DATE **1/9/01** (863) 465-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. TIMOTHY SHEEHAN, Treasurer

Date Daytime Phone #

CR2E034 (10/00)