

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90012 015 ***158.75

DOCUMENT # H33963

1. Entity Name

LAKE CONSTRUCTION OF LAKELAND, INC.

Principal Place of Business

**5015 S FLORIDA AVE., STE. 200
 LAKELAND FL 33813
 US**

Mailing Address

**P.O. BOX 5252
 LAKELAND FL 32807
 US**

2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.
700

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33801

Country

USA

4. FEI Number

59-2615352

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCFARLANE, PETER A., PA
 5015 S FLORIDA AVE
 SUITE 215
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

#715

City

Lakeland

FL

Zip Code

33801

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 NAME STREET ADDRESS CITY-ST-ZIP	VP MAXWELL, LAWRENCE W. 5015 S FLORIDA AVE #200 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOATS, RAYMOND 5015 S FLORIDA AVE #200 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, KIM 5015 S FLORIDA AVE #200 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTLE, SALLY 5015 S FLORIDA AVE #200 LAKELAND FL	<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	500 S. Florida Avenue, #700 Lakeland, FL 33801	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801	
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"/> 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)(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:

Kim S. Kelley
 Kim S. Kelley

4/30/02

Date

863 647 1581

Daytime Phone #

CR2E034 (9/01)