2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **K94152** LAKE FERN VILLA'S, INC. 04-10-2001 90142 024 ***150.00 Principal Place of Business Mailing Address 5502 ANDERSON RD. 5502 ANDERSON RD. TAMPA FL 33614-5312 TAMPA FL 33614-5312 D0033877 19001 APIAN 19001 APIAN WAY DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2950789 LUTZ, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLAZZA, MARIO L 5502 ANDERSON RD. TAMPA FL 33614 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 JAN 18, 2001 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE TREASURER PLAZZA, MARIO L. NAME JOSEPH L. SERIO STREET ADDRESS 5502 ANDERSON RD. STREET ADDRESS 19001 APIANWAY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ___ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZVF CITY-ST-712 TITLE ☐ Delete TETLE Change | Adeltion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR