

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90767 012 ***150.00

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DOCUMENT # K94152

1. Entity Name

LAKE FERN VILLA'S, INC.



Principal Place of Business

**19001 APIAN WAY
LUTZ FL 33549**

Mailing Address

**19001 APIAN WAY
LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2950789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERIO, JOESPH
19001 APIAN WAY
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33558

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **SERIO, JOESPH**
STREET ADDRESS **19001 APIAN WAY**
CITY-ST-ZIP **LUTZ FL 33549**

P ☒ Delete
NAME **CALTISIRONE, JOSEPH**
STREET ADDRESS **18902 ADIAN WAY**
CITY-ST-ZIP **LUTZ FL 33558**

S ☒ Delete
NAME **PLAZZA, BIANCA**
STREET ADDRESS **18905 ADIAN WAY**
CITY-ST-ZIP **LUTZ FL 33558**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **LUTZ, FL. 33558**

☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **LAGUTIS, ROBERT**
CITY-ST-ZIP **18920 APIAN WAY
LUTZ, FL.**

☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **SHEENA MURRAY**
CITY-ST-ZIP **18912 ADIAN WAY
LUTZ, FL 33558**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOSEPH L. SERIO TREASURER

4/14/03 813-948 4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)