

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90103 034 ***550.00

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DOCUMENT # L10586

1. Entity Name

WILLOW LAKE REALTY INVESTMENTS, INC.



Principal Place of Business

**C/O KIRK FRIEDLAND, ESQUIRE
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH FL 33401**

Mailing Address

**C/O KIRK FRIEDLAND, ESQUIRE
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH FL 33401**

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

59-2963379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRK FRIEDLAND, ESQUIRE

505 SOUTH FLAGLER DRIVE, STE. 505-1330

WEST PALM BEACH FL 33401

Name

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

505 S. FLAGLER DR, #1330

City

W. PALM BEACH

FL

Zip Code

33401

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **MEYLAN, LISE**
STREET ADDRESS **11 BOULEVARD DES PHILOSOPHES**
CITY-ST-ZIP **1205 GENEVA 9A**

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

TITLE **DP** ☐ Delete
NAME **NAEF, JEAN**
STREET ADDRESS **11 BOULEVARD DES PHILOSOPHES**
CITY-ST-ZIP **1205 GENEVA SW**

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

TITLE **VP** ☐ Delete
NAME **STAPP, MARK**
STREET ADDRESS **6106 S. 32ND ST.**
CITY-ST-ZIP **PHOENIX AZ**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

MARK STAPP, U.P.

561-655-8200

CR2E034 (4/03)