2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **L18417**

1. Entity Name
LAKE OIL CORPORATION

Principal Place of Business	Mailing Address
42 SLEEPY HOLLOW RD	PO BOX 8
DOCTORS INLET FL 32030	DOCTORS INLET FL 32030

2. Principal Place of Business	3. Mailing Address
42 SLEEPY HOLLOW RD	42 SLEEPY HOLLOW RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIDDLEBURG FL	City & State: MIDDLEBURG FL
Zip: 32068 Country: US	Zip: 32068 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2972277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL
32202 US

7. Name and Address of New Registered Agent

Name: BLACKBURN DENNIS L
Street Address (P.O. Box Number is Not Acceptable): 5150 BELFORT ROAD SOUTH
BUILDING 500
City: JACKSONVILLE **FL** Zip Code: 32256

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: **DENNIS L. BLACKBURN** **04/26/2001**
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	ALFRED ALICIA		NAME	ALFRED ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW RD		STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	☐ Delete	TITLE	VT	☒ Change ☐ Addition
NAME	COOGAN CLARK		NAME	HAMRICK RICHARD G	
STREET ADDRESS	42 SLEEPY HOLLOW RD		STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	LAMONT CHARLES A		NAME	LAMONT CHARLES A	
STREET ADDRESS	42 SLEEPY HOLLOW RD		STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	CP	☐ Delete	TITLE	CP	☒ Change ☐ Addition
NAME	ASHBY, GEORGE H., JR.		NAME	ASHBY, JR GEORGE H	
STREET ADDRESS	42 SLEEPY HOLLOW RD		STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: ALICIA ALFRED S 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #