

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -4 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18417

1. Entity Name
LAKE OIL CORPORATION



Principal Place of Business
42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

Mailing Address
42 SLEEPY HOLLOW RD
MIDDLEBURG, FL 32068 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2972277

Applied For
Not Applicable

Zip Country Zip Country

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

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256

Name

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

City

FL

Zip Code

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 (and date)

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$61.25

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 C/P ☐ Delete
NAME ASHBY, JR, GEORGE H
STREET ADDRESS 42 SLEEPY HOLLOW ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
NAME 500025223865
STREET ADDRESS 12/04/03--01016--022 **\$61.25
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CHAMBERLAIN, BRYAN
STREET ADDRESS 42 SLEEPY HOLLOW ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE T ☐ Delete
NAME DIXON, DEBRA L
STREET ADDRESS 42 SLEEPY HOLLOW ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE S ☐ Delete
NAME ALFRED, ALICIA F
STREET ADDRESS 42 SLEEPY HOLLOW ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Exec VP/COO
STREET ADDRESS St. Germain, Chris
CITY-ST-ZIP 42 Sleepy Hollow Road
Middleburg, FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2. 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:

Alicia J. Alfred Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03
Date

904-272-4548
Daytime Phone #

CR2E034 (10/02)