

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007102

1. Entity Name

LAKE WALES EQUITIES, LLC

Principal Place of Business

1701 CHELTENBOROUGH DRIVE  
ORLANDO FL 32835

Mailing Address

1701 CHELTENBOROUGH DRIVE  
ORLANDO FL 32835

2. Principal Place of Business

131 Providence Road

Suite, Apt. #, etc.

3. Mailing Address

131 Providence Road

Suite, Apt. #, etc.

City & State  
Charlotte, NC

City & State  
Charlotte, NC

Zip  
28207

Country  
USA

Zip  
28207

Country  
USA

4. FEI Number

59-3607098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FALCONER, MATTHEW  
1701 CHELTENBOROUGH DRIVE  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name Margaret L. Morbitzer

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

668 No. Orlando Avenue, Suite 105

City Maitland

FL

Zip Code  
32751

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

*Margaret L. Morbitzer*

5/17/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FALCONER, MATHEW 1701 CHELTENBOROUGH DR. ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager David R. Krug 131 Providence Road Charlotte, NC 28207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*David R. Krug*

David R. Krug

704-376-8000

CR2E083 (9/0)

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

04-16-2002 90085 006 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE