2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

THRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # M91991** 1. Entity Name GERALD W. LAKE, P.A. 05-15-2000 90173 050 ***150.00 Principal Place of Business WESTWOOD CENTER WESTWOOD CENTER 2002 NORTH LOIS AVE., STE 410 2002 NORTH LOIS AVE., STE 410 TAMPA FL 33607-2394 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2901517 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAKE, GERALD Number is Not Acceptable) Street Address (P.O. Box WESTWOOD CENTER 2002 NORTH LOIS AVE., STE 410 **TAMPA FL 33607** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PST ☐ Change ☐ Delete TITLE TITLE LAKE, GERALD W. NAME 2002 N. LOIS AVE. #410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE LAKE, GERALD W. NAME NAME 2002 N. LOIS AVE. #410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Daytime Phone #