

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005544**

1. Entity Name

SV/LAKELAND PROPERTIES, INC.

Principal Place of Business

**STRATFORD POINT BLDG
110 S STRATFORD RD. 5TH FLOOR
WINSTON-SALEM NC 27104-4244**

Mailing Address

**STRATFORD POINT BLDG
110 S STRATFORD RD. 5TH FLOOR
WINSTON-SALEM NC 27104-4244**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2211049

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E VIRGINIA ST, STE 1
TALLAHASSEE FL 32302**

7. Name and Address of New Registered Agent

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, BRETT	
STREET ADDRESS	3334 HEALY DR, STE 301	
CITY-ST-ZIP	WINSTON SALEM NC 27103	

TITLE	D	<input type="checkbox"/> Delete
NAME	TIFFANY, BART	
STREET ADDRESS	3520 TRIAD CT	
CITY-ST-ZIP	WINSTON SALEM NC 27107	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOETZ, GALEN	
STREET ADDRESS	3452 PAISLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32817	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Anthony Edmonds	
STREET ADDRESS	645 Hayman Ct	
CITY-ST-ZIP	DeBary, FL 32713	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

336-218-3022

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90168 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)