## 2008 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N02903

1. Entity Name

LAKES IN REGENCY PARK SECURITY PATROL, INC.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90759 026 \*\*\*\*61.25

Principal Place of Business	Mailing Address						
8330 CIVIC DRIVE PORT RICHEY FL 34668	. <del>8330 CIVIC DRIVE</del> PORT RICHEY FL 34668		İ				
			16 <b>1</b>				
2. Principal Place of Business	3. Mailing Address 9028 Dec	3. Mailing Address 9028 Derby Lane					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	City & State	City & State ort Richeu FL		4. FEI Number 65-1058869		lied For	
Zip Country	Zip 341.1.0	Country			.75 Addi	75 Additional Required	
6. Name and Address of Curre	ent Registered Agent	· J	7. Name and Addre	ss of New Registered Age	·		
MARKS, MARTIN 8330 CIVIC DRIVE- PORT RICHEY FL 34668		Street Addres	s (20. Bo) Number is No Derby	: Acceptable)	·		
• .		Part -	Richer	FL	Zip Code	1.8	
8. The above named entity submits this statemen	t for the purpose of changing its		<del></del>	e State of Florida. I am fam		nd accept	
the obligations of registered agent.			•				
SIGNATURE						<u> </u>	
Signature, typed or printed name of registered ag	ent and little if applicable (1407)	: Registered Agent signature requ	aired when feins(ating)	DATE	_		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10. OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN 1	0 ·	
NAME MARKS, MARTIN STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	Change	Addition	
TITLE VD NAME MATHIS, ALVIN STREET ADDRESS 9841 GROFTON LANE CITY-ST-ZIP PORT RICHEY-FI	☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	
CITY-ST-ZIP PORT RICHEY-FL  TITLE VD  NAME LABODA, JOHN  STREET ADDRESS 8206 MEDFORD DR  CITY-ST-ZIP PORT RICHEY FL	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	***************************************		Change	Addition	
TITLE SD NAME WUERTH, FRED STREET ADDRESS 9241 WOLCOTT LANE CITY-ST-ZIP PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE TD  NAME HARRIS, NANCY  STREET ADDRESS  CITY-SI-ZIP PORT RICHEY FL	☐ Defete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	·		Change	☐ Addition	
TITLE D	<b>⊠</b> Delete		rector	×	Change	Addition	

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.

CITY-ST-ZIP

STREET ADDRESS 8

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 8627 NEWTON DRIVE

PORT RICHEY FL 34668

Martin Malso

41864 727-863-0016