

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N04230

FILED
Apr 29, 2003
Secretary of State

Entity Name: LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

908 NE 24TH LN.
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

FEI Number: 65-0136009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, BARBARA
PROFESSIONALLY YOURS INC.
1342 SE 46TH LN #3
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

CAMPBELL, PHILIP
PROFESSIONALLY YOURS INC.
1342 SE 46TH LN #3
CAPE CORAL, FL 33904 US

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: PHILIP CAMPBELL

04/29/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMON, ROGER
Address: 3919 SE 21ST PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: STD () Delete
Name: TREBING, RALF
Address: 4537 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: KNAPP, MERTON
Address: 1431 SW 57TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D () Delete
Name: JUSTICE, DOUGLAS
Address: 119 BAYSHORE DRIVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: BOLTON, RAY
Address: 1468 MARANATHA DRIVE
City-St-Zip: N FORT MYERS, FL 33903 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER HARMON

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date