

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005270

1. Entity Name

THE SEVEN LAKER, INC.

Principal Place of Business

1965 SEVEN LAKES BOULEVARD
FORT MYERS FL 33907

Mailing Address

1965 SEVEN LAKES BOULEVARD
FORT MYERS FL 33907

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

65-0712796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
13515 BELL TOWER DRIVE, SUITE 101
FORT MYERS FL 33907

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 \$61.25

9. 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 ☐ Delete
NAME CROMBE, JAMES
STREET ADDRESS 7402 LAKE BREEZE DRIVE, #207
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete
NAME CROMBE, HELEN
STREET ADDRESS 7402 LAKE BREEZE DRIVE, #207
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete
NAME KRIVSKY, SOL
STREET ADDRESS 1747 PEBBLE BEACH DRIVE, #302
CITY-ST-ZIP FORT MYES FL 33907

TITLE D ☐ Delete
NAME LUEBKE, DOROTHY
STREET ADDRESS 1747 PEBBLE BEACH DRIVE, #208
CITY-ST-ZIP FORT MYES FL 33907

TITLE D ☐ Delete
NAME DAY, WILLIAM
STREET ADDRESS 7430 LAKE BREEZE DR. 502
CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90060 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)