

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-23-2002 90013 015 ****70.00

DOCUMENT # N98000005960

1. Entity Name

LAKELAND PREDATORS, INC.

Principal Place of Business

Mailing Address

3740 OLD TAMPA HWY
 LAKELAND FL 33811

3740 OLD TAMPA HWY
 LAKELAND FL 33811

17140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

919 E Orange St E

Apt E

City & State

City & State

Lakeland FL

Lakeland FL

Zip 33801

Country US

Zip 33801

Country US

4. FEI Number

59-3530259

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

CLINE, BRENDA J
 3740 OLD TAMPA HWY
 LAKELAND FL 33811

Name Judy Smith

Street Address (P.O. Box Number is Not Acceptable)

919 E Orange Apt E

City Lakeland

FL

Zip Code 33801

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

Judy Smith

Judy Smith 1/11/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLINE, BRENDA	
STREET ADDRESS	3740 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALL, BARRY	
STREET ADDRESS	1476 MAHAFFEY CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	AD	<input type="checkbox"/> Delete
NAME	PAGE, WILLIE	(Change Title)
STREET ADDRESS	620 ADAMS STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CLINE, PHIL	
STREET ADDRESS	3740 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DAIRSAW, DESIREE	
STREET ADDRESS	1820 ARIANNA STREET	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Smith	
STREET ADDRESS	919 E Orange Street Apt E	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leola Smith	
STREET ADDRESS	919 E Orange Street Apt B	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Pace	
STREET ADDRESS	620 Adams Street	
CITY-ST-ZIP	Lakeland, FL 33801	
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		

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:

Judy Smith

Judy Smith 1/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)