

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90010 010 ***150.00

DOCUMENT # P00000000063

1. Entity Name

LAKE SHORE REALTY, INC.

C0032591



DO NOT WRITE IN THIS SPACE

Principal Place of Business 899 W. MONTROSE ST. CLERMONT FL 34711		Mailing Address 899 W. MONTROSE ST. CLERMONT FL 34711	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3615728	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLES, CHARLES R 732 W. MONTROSE ST. CLERMONT FL 34711		7. Name and Address of New Registered Agent Name: Boles, Charles R. Street Address (P.O. Box Number is Not Acceptable): 1151 Brandy Lake View Circle City: Winter Garden, FL State: FL Zip Code: 34787	
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Address Change

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: <i>Charles R. Boles</i>	DATE: 3-6-01
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPV NAME: BOLES, CHARLES R STREET ADDRESS: 732 W. MONTROSE ST. CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE: DPV NAME: Boles, Charles R. STREET ADDRESS: 1151 Brandy Lake View Circle CITY-ST-ZIP: Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: <i>Charles R. Boles</i>	DATE: 3-6-01	DAYTIME PHONE: 352-394-5581
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)