

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024484

1. Entity Name

SOUTH LAKE RESIDENTIAL DESIGN, INC.

Principal Place of Business

1215 BOWMAN STREET 295 E. Hwy 50
CLERMONT FL 34711

Mailing Address

1215 BOWMAN STREET 295 E Hwy 50
CLERMONT FL 34711

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

593633341

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

~~JORDAN, EDWARD P ESQ~~
~~13543 EAST HWY 50~~
~~CLERMONT FL 34711~~

Name Erich E. Fischer

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

154 E. Highland Ave.

Clermont, FL 34711

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS John Wanczowski
CITY-ST-ZIP 295 E Hwy 50
Clermont FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Secretary
STREET ADDRESS HARVANA WANCZOWSKI
CITY-ST-ZIP 295 E Hwy 50
Clermont, FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2001

Date

(352) 394-8444

Daytime Phone #

0430064

CR2E034 (10/00)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90030 027 ***150.00

C0034874



DO NOT WRITE IN THIS SPACE