

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90165 004 ***150.00

DOCUMENT # P00000033330

1. Entity Name
LAKESIDE FOODS INC

Principal Place of Business

205 NE 16 AVE.
GAINESVILLE FL 32601

Mailing Address

205 NE 16 AVE.
GAINESVILLE FL 32601

000000330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5628 SW 104 TR

3. Mailing Address
5628 SW 104 TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number **59-3537964**

Applied For
 Not Applicable

Zip *32605*

Country *US*

Zip *32605*

Country *US*

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

MYERS, JACK
~~**205 NE 16 AVE.**~~
GAINESVILLE FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)
5628 SW 104 TR

City *Gainesville* **FL** Zip Code *32608*

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

JACK MYERS

4-16-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *ST* ☐ Delete
NAME *MYERS, JACK*
STREET ADDRESS *5628 SW 104 TR*
CITY-ST-ZIP *GAINESVILLE FL 32608*

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

TITLE *P* ☐ Delete
NAME *MYERS, MOUREEN*
STREET ADDRESS *5628 SW 104 TR*
CITY-ST-ZIP *GAINESVILLE FL 32608*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

JACK MYERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02

352
336-2600

CR2E034 (9/01)