

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000044350**1. Entity Name  
LAKE HOUSE GROUP, INC.

Principal Place of Business 5450 S. STATE ROAD 7, SUITE 26  FT. LAUDERDALE FL 33314	Mailing Address 5450 S. STATE ROAD 7, SUITE 26  FT. LAUDERDALE FL 33314
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2. Principal Place of Business 5450 S. STATE ROAD 7	3. Mailing Address 5450 S. STATE ROAD 7
Suite, Apt. #, etc. SUITE #26	Suite, Apt. #, etc. SUITE #26

City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
Zip 33314	Country US

4. FEI Number <b>65-1084615</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SELIGMAN LEE  
5450 S. STATE ROAD 7, SUITE 26  
  
FT. LAUDERDALE FL 33314**7. Name and Address of New Registered Agent**Name  
SELIGMAN LEE  
Street Address (P.O. Box Number is Not Acceptable)  
5450 S. STATE ROAD 7  
  
SUITE #26  
City  
FT. LAUDERDALE FL Zip Code  
33314

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 \_\_\_\_\_ DATE **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REISS TOBY 5450 S. STATE ROAD 7, SUITE 26 FT. LAUDERDALE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELIGMAN LEE 5450 S. STATE ROAD 7, SUITE 26 FT. LAUDERDALE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REISS TOBI 5450 S. STATE ROAD 7, SUITE 26 FT. LAUDERDALE FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELIGMAN LEE 5450 S. STATE ROAD 7, SUITE 26 FT. LAUDERDALE FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

**SIGNATURE:** Lee Seligman PRES 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)