## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 17, 2002 8:00 am Secretary of State

DOCUMENT # POO 0000 6 5571		Secretary of State 05-17-2002 90035 024 ***150.00
Nika, Ind.	V,	
DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business 4231 III: cium Lane 4231 III	icium Lane	
Suite, Apt. #, etc. Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE
City & State City & State	<i>F-</i> /	4. FEI Number Applied For
ady Lake FC Lady Lake Zip Zip Zip	Country	5. Certificate of Status Desired \$8.75 Additional
32159   USA'   32159	<u>  454</u>	7. Name and Address of Current Registered Agent
	Nome	5 Akin.
Street Address		P.O. Box Number is Not Acceptable)
IN THIS SPACE	121 +11	icium Lane
	City Lady	Lgke FL Zip Code 32159
The above named entity submits this statement for the purpose of change	ing its registered office or register	ed agent, or both, in the State of Florida.
GNATURE Patts akin 7	atty Akin	3-27-02
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	
Tax filling requirement and elects to do so.  After  American Section 1.5 elegates 1.5 elects 1.5 e	71 - May 1 Fee is \$150.00 r May 1, Fee is \$550.00 ended UBR is \$61.25 Payable to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS		
NAME Patty Akin, President/Owner	TITLE NAME	
STREET ADDRESS 4231 Flucium Land CITY-ST-ZIP Lady Lake FL 32159	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE	
NAME STREET ADDRESS	NAME STREET ADDRESS	• ,
CITY-ST-ZIP	CITY-ST-ZIP	·
TITLE	TITLE NAME	
STREET ADDRESS	STREET ADDRESS	DO NOT WRITE
ITLE	TITLE	
NAME	NAME	IN THIS SPACE
STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
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CITY-ST-ZIP	CITY-ST-ZIP	
ITLE IAME	TITLE NAME	
TREET ADDRESS	STREET ADDRESS	
ITY-ST-ZIP	CITY-ST-ZIP	,

3. 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

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President

3-27-02

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