

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-15-2001 90074 004 ***150.00

DOCUMENT # P00000084639

1. Entity Name
~~EAST LAKE REAL ESTATE, INC.~~
 YOUR REAL ESTATE COMPANY N/C 1/4/01 ✓
 TM

Principal Place of Business Mailing Address
~~800 TARPON WOODS BLVD. SUITE F-3~~ ~~800 TARPON WOODS BLVD. SUITE F-3~~
~~PALM HARBOR FL 34685~~ ~~PALM HARBOR FL 34685~~

2. Principal Place of Business 3. Mailing Address
 2419 Sandy Point Rd 2419 Sandy Point Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Palm Harbor FL Palm Harbor FL
 Zip Country Zip Country
 34685 Pinellas 34685 Pinellas

4. FEI Number Applied For
 59-3670172 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOBEL, DANIEL J.
 3448 EAST LAKE ROAD, SUITE 208
 PALM HARBOR FL 34685

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2419 Sandy Point Rd
 City Palm Harbor FL Zip Code 34685

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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	8/15/01
STREET ADDRESS		STREET ADDRESS	MARK D. Beasley
CITY-ST-ZIP		CITY-ST-ZIP	2419 Sandy Point Road Palm Harbor FL 34685
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mark D. Beasley MARK D. Beasley President 2/6/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)