

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90318 032 ***150.00

DOCUMENT # P00000097213

1. Entity Name
LAKE OKEECHOBEE TITLE, INC.



Principal Place of Business
505 NE 4TH ST
OKEECHOBEE FL 34972

Mailing Address
505 NE 4TH ST
OKEECHOBEE FL 34972

2. Principal Place of Business
210 N. W. Park St.

3. Mailing Address
210 N. W. Park St.

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Okeechobee, FL

City & State
Okeechobee, FL

Zip
34972

Country
Okeechobee

Zip
34972

Country
Okeechobee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1049575**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURDESHAW, JOHN E
505 NE 4TH ST
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name
John E. Burdeshaw

Street Address (P.O. Box Number is Not Acceptable)
210 N. W. Park St.

Suite 201

City
Okeechobee

FL **Zip Code**
34972

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John E. Burdeshaw* **John E. Burdeshaw President**

1-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BURDESHAW, JOHN E**
STREET ADDRESS **505 NE 4TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **VD** ☒ Delete
NAME **WATFORD, JEFFERY S**
STREET ADDRESS **505 NE 4TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **ST** ☐ Delete
NAME **BURDESHAW, CLARIECE**
STREET ADDRESS **505 NE 4TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **John E. Burdeshaw**
STREET ADDRESS **210 N. W. Park St., Suite 201**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Paul Burdeshaw**
STREET ADDRESS **210 N. W. Park St., Suite 201**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Clariece Burdeshaw**
STREET ADDRESS **210 N. W. Park St., Suite 201**
CITY-ST-ZIP **Okeechobee, FL 34972**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Burdeshaw* **John E. Burdeshaw, President 1-10-02 863-763-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 3749

CR2E034 (10/02)