

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90012 047 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000109456

1. Entity Name
TORGAN LAKE, INC.

Principal Place of Business

2267 HWY 98 EAST
CARRABELLE FL 32322

Mailing Address

2267 HWY 98 EAST
CARRABELLE FL 32322

2. Principal Place of Business

143 BETTY DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

143 BETTY DRIVE
 Suite, Apt. #, etc.

City & State

PORT ST JOE

City & State

PORT ST JOE

4. FEI Number

59-3708092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, RICHARD W
2267 HWY 98 EAST
CARRABELLE FL 32322

Name

RICHARD W KRAUSE

Street Address (P.O. Box Number is Not Acceptable)

143 BETTY DRIVE

City

PORT ST JOE

FL

Zip Code

32456

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02
 DATE

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
 Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	D KRAUSE, RICHARD W
STREET ADDRESS	2267 HWY 98 EAST
CITY-ST-ZIP	CARRABELLE FL 32322
TITLE	<input type="checkbox"/> Delete
NAME	D FRANZEN, PATRICIA B
STREET ADDRESS	2267 HWY 98 EAST
CITY-ST-ZIP	CARRABELLE FL 32322
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RICHARD W KRAUSE
STREET ADDRESS	143 BETTY DRIVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PATRICIA B FRANZEN
STREET ADDRESS	143 BETTY DRIVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

850 227 7765
 Daytime Phone #

CR2E034 (9/01)