

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90155 007 ***150.00

DOCUMENT # P01000011566

1. Entity Name
NORTHLAKE CONSTRUCTION, INC.

Principal Place of Business
6250 NORTHLAKE BLVD
PALM BEACH GARDENS FL 33418

Mailing Address
6250 NORTHLAKE BLVD
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
15865 Assembly Loop

3. Mailing Address
4371 Northlake Blvd

Suite, Apt. #, etc.
Jupiter, FL

Suite, Apt. #, etc.
#344

City & State
33478

City & State
Palm Beach Gardens FL

Zip
USA

Zip
33410
USA

4. FEI Number
05-1107764

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMER, SCOTT
6650 W INDIANTOWN RD, SUITE 200
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RUSSELL, TED M**
STREET ADDRESS **6250 NORTHLAKE BLVD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Delete
NAME **SEARCY, HOWARD L JR**
STREET ADDRESS **6250 NORTHLAKE BLVD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD L. SEARCY, JR.

April 17, 2002 **561-624-1108**
 Date Daytime Phone #

CR2E034 (9/01)