

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90109 013 ***150.00

DOCUMENT # P01000037571

1. Entity Name
LAKE & ASSOCIATES SECURITY, INC.



Principal Place of Business
815 N MARION ST
LAKE CITY FL 32056-1136

Mailing Address
P.O. BOX 1136-32056
LAKE CITY FL 32056-1136

2. Principal Place of Business

815 N. Marion St

3. Mailing Address

Post Office Box 1136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL.

City & State

LAKE CITY, FL

Zip
32055-1136

Country
AMERICA

Zip
32056-1136

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3724548

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAKE, OLIVER J
194 NE NIBLACK TERR
LAKE CITY FL 32055

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

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

Oliver J Lake owner
1-28-03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, OLIVER J P.O. BOX 1136 LAKE CITY FL 32056-1136	<input type="checkbox"/> Delete
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03

386-758 4947

Date

Daytime Phone #

CR2E034 (10/02)