

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90284 030 ***150.00

0670904 AV

DOCUMENT # P01000045897

1. Entity Name
MCINTOSH LAKE ESTATES, INC.

Principal Place of Business
**3730 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33813**

Mailing Address
**3730 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33813**

2. Principal Place of Business
**3454 Airfield Dr. W.
 Suite, Apt. #, etc. Ste. 2
 City & State Lakeland, FL 33811
 Zip Country USA**

3. Mailing Address
**3454 Airfield Dr. W.
 Suite, Apt. #, etc. Ste. 2
 City & State Lakeland, FL
 Zip Country USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**JACOBS, DALE GARDNER
 3730 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4915 Southfork Dr.
 City **Lakeland** **FL** Zip Code **33813**

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, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William B. Bull **4/18/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)