

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90114 011 ***550.00

DOCUMENT # P01000052095

1. Entity Name,
LV EAST, INC.

Principal Place of Business

**2650 NE 52ND ST.
 LIGHTHOUSE POINT FL 33064-7052**

Mailing Address

**2650 NE 52ND ST.
 LIGHTHOUSE POINT FL 33064-7052**

2. Principal Place of Business

762 Haddonstone Cir.

3. Mailing Address

762 Haddonstone Cir

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

4. FEI Number

59-3721314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G

2650 NE 52ND ST.

LIGHTHOUSE POINT FL 33064-7052

7. Name and Address of New Registered Agent

Name

Robert P. Hosaflook

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

762 Haddonstone Cir. #102

City

Lake Mary

FL

Zip Code
32746

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

Robert P. Hosaflook, Pres.

1-11-02

(Signature, type 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	HOSAFLOOK, ROBERT P	
STREET ADDRESS	2963 SADDLEBRED TRAIL	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Robert Hosaflook	
STREET ADDRESS	762 Haddonstone Cir #102	
CITY-ST-ZIP	Lake Mary FL 32746	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 REQUIRED

(Signature and type or printed name of signing officer or director)

Robert P. Hosaflook, Pres.

1-11-02 (407) 333-9732

Date

Daytime Phone #

CR2E034 (9/01)