

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90055 040 \*\*\*150.00

**DOCUMENT # P01000081480**

1. Entity Name

LAKE LIZZIE HOLDING COMPANY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2601 TECHNOLOGY DRIVE

3. Mailing Address  
P.O. BOX 2807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FLORIDA

City & State  
ORLANDO, FLORIDA

4. FEI Number  
59-3751546

Applied For  
Not Applicable

Zip  
32804

Country  
U.S.A.

Zip  
32802

Country  
U.S.A.

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
RANIER F. MUNNS

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

2601 TECHNOLOGY DRIVE

City  
ORLANDO

FL

Zip Code  
32804

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

RANIER F. MUNNS, DIRECTOR

APRIL 29, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

RANIER F. MUNNS, DIRECTOR  
2601 TECHNOLOGY DRIVE  
ORLANDO, FLORIDA 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

APRIL C. MUNNS, DIRECTOR  
2601 TECHNOLOGY DRIVE  
ORLANDO, FLORIDA 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RANIER F. MUNNS

4/29/03

407-578-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)