

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90216 050 \*\*\*150.00

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AV

**DOCUMENT #** P01000092977 **N** **121023**

**1. Entity Name**  
~~AMERICAN DREAM REALTY OF CENTRAL FLORIDA, INC.~~  
Lakeland Real Estate Corporation



**Principal Place of Business**  
6121 US HIGHWAY 98N  
STE A  
LAKELAND FL 33809

**Mailing Address**  
PO BOX 90574  
LAKELAND FL 33804



**2. Principal Place of Business**  
6121 US Hwy 98 N

**3. Mailing Address**  
P.O. Box 90574

**Suite, Apt. #, etc.**  
Ste A

**Suite, Apt. #, etc.**

**City & State**  
Lakeland, FL

**City & State**  
Lakeland

**Zip**  
33809

**Country**  
U.S.A

**Zip**  
33804

**Country**  
U.S.A

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3745263 **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
SPIEGEL & UTRERA, P.A.  
1340 CORAL WAY 4TH FLOOR  
MIAMI FL 33145

**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** **DATE**

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD KOSIK, JACK 5042 WILLIAMS TOWN BOULEVARD LAKELAND FL 33810 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STD COYLE, MATTHEW T 5042 WILLIAMS TOWN BOULEVARD LAKELAND FL 33810 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** **DATE** 4-26-2003 **Daytime Phone #** 863-853-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)