2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

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Entity Name: T & W LAKESIDE, INC.

Current Principal Place of Business:

3213 OLEANDER AVE
FT PIERCE, FL 34982

New Principal Place of Business:

762 SE PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

3213 OLEANDER AVE
FT PIERCE, FL 34982

New Mailing Address:

762 SE PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

FEI Number: 59-3754699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRELL, RICKEY L
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COWDELL, WILLIS H
Address: 3213 OLEANDER AVE
City-St-Zip: FT PIERCE, FL 34982

Title: D ( ) Delete
Name: TAYLOR, CHAD G
Address: 700 FRENCH CREEK LN
City-St-Zip: FT PIERCE, FL 34982

Title: D ( ) Delete
Name: TAYLOR, STEVEN K
Address: 700 FRENCH CREEK LN
City-St-Zip: FT PIERCE, FL 34982

Title: D ( ) Delete
Name: WHITE, KYLE L
Address: 700 FRENCH CREEK LN
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COWDELL, WILLIS H
Address: 760 SE PORT SAINT LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COWDELL, WILLIS H D 04/19/2002

Electronic Signature of Signing Officer or Director — Date