2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000113634 **DOCUMENT #**

1. Entity Name



Mar 24, 2003 8:00 am & Secretary of State **FILED**

03-24-2003 90178 021 ***150.00

LAKE WELL AND SERVICE, INC.											
Principal Place of Business 1221 WEST MAIN STREET LEESBURG FL 34748		Mailing Address 1221 WEST MAIN STREET LEESBURG FL 34748				######################################					
2. Principal P	Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 01-0554330		Applied For Not Applicable			
Zip	Cou	ntry	Zip	Cour	ntry	5	5. Certificate of Status	s Desired		8.75 Add	
	6. Name and A	ddress of Curren	nt Registered Agent			7	7. Name and Addres	s of New Reg	gistered Ag	jent	
•					Name						
BALL, JOSEPH					Stroot Addr	Street Address (P.O. Box Number is Not Acceptable)					
1221 WES	ST MAIN STREET				Street Addi	1035 (1.0	. Box (damber is not)	-cceptable)			
LEESBUR	G FL 34748										
					City				FL	Zip Cod	ie
	e named entity subm tions of registered a		for the purpose of changing	its register	ed office or reg	gistered	agent, or both, in the	State of Florio	da. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed	name of registered ager	nt and title if applicable. (N	OTE: Registere	ed Agent signature re	equired whe	en reinstating)		DATE		
	Signature, typed or printed		nt and title if applicable. (N	OTE: Registere	ed Agent signature re	equired whe					
F Afte	ILE NOW!!! FEE r May 1, 2003 Fee	IS \$150.00 will be \$550.00)	OTE: Registere	ed Agent signature re	equired whe	9. Election Ca				00 May Be
F Afte	ILE NOW!!! FEE	IS \$150.00 will be \$550.00)	OTE: Registere	ad Agent signature re	equired whe	9. Election Ca	ampaign Finar Contribution,	ncing _		00 May Be
F Afte	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Flori	IS \$150.00 will be \$550.00) of State	OTE: Registere			9. Election Ca	Contribution,	ncing	Adde	d to Fees
F After Make Check 10.	FILE NOW!!! FEE r May 1, 2003 Fee k Payable to Flori	E IS \$150.00 will be \$550.00 da Department) of State	11 .	E VP		9. Election Ca Trust Fund	Contribution,	ncing	Adde	d to Fees
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12. Hereby certify that the information supplied with this filling 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: _