

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90233 030 ***150.00

DOCUMENT # P02000106746

1. Entity Name
FLORENCE VILLA LAKESMART, INC.



Principal Place of Business
111 AVENUE R. N.E.
WINTER HAVEN FL 33881

Mailing Address
111 AVENUE R. N.E.
WINTER HAVEN FL 33881



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0803130

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **STANISLAUS, MARCELA E**
STREET ADDRESS **600 NORTH BROADWAY**
CITY - ST - ZIP **BARTOW FL 33830**

TITLE **D** ☐ **Delete**
NAME **BROWN, VERMELL V**
STREET ADDRESS **608 AVENUE S. N.E.**
CITY - ST - ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ **Delete**
NAME **TINSLEY, SERETHA S**
STREET ADDRESS **1900 HAVENDALE BOULEVARD**
CITY - ST - ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ **Delete**
NAME **COLSTON, PATSY A**
STREET ADDRESS **826 WARE AVENUE**
CITY - ST - ZIP **WINTER HAVEN FL 33882**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **Jacqueline STATION**
STREET ADDRESS **P.O. BOX 3626**
CITY - ST - ZIP **WINTER HAVEN FL 33881**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)