

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90795 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000123637**

1. Entity Name  
**INDIAN LAKE LOTS, INC.**



**55043400**

Principal Place of Business  
**725 SE PORT ST LUCIE BLVD.  
SUITE 201  
PORT ST LUCIE FL 34984**

Mailing Address  
**725 SE PORT ST LUCIE BLVD.  
SUITE 201  
PORT ST LUCIE FL 34984**



2. Principal Place of Business

**725 SE PORT ST LUCIE BLVD  
Suite, Apt. #, etc.  
#201**

3. Mailing Address

**725 SE PORT ST LUCIE BLVD  
Suite, Apt. #, etc.  
#201**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PORT ST LUCIE, FLORIDA**  
Zip  
**34984** Country  
**U.S.A.**

City & State  
**PORT ST LUCIE FLORIDA**  
Zip  
**34984** Country  
**U.S.A.**

4. FEI Number  
**35-2189004**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, DWIGHT W  
381 SW MAJESTIC TERR  
PORT ST LUCIE FL 34984**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BELL, DWIGHT W  
381 SW MAJESTIC TERR  
PORT ST LUCIE FL 34984** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
LAWRENCE, JOHN D  
201 SE CROSSPOINT DR  
PORT ST LUCIE FL 34983** ☐ Delete

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

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☐ Change ☐ Addition

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 to this address, with all other like empowered.

SIGNATURE:

**DWIGHT W BELL / PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**  
Date

**(772) 871-7772**  
Daytime Phone #

CR2E034 (10/02)