

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

044649 AV

DOCUMENT # P22661

1. Entity Name

LAKE MACHINE TOOLS CO., INC.

04-17-2002 90134 012 ***150.00

Principal Place of Business

**14955 GULF BLVD
 STE 4
 SAINT PETERSBURG FL 33708
 US**

Mailing Address

**11200 8 SL E
 TREASURE ISLAND FL 33706
 US**



2. Principal Place of Business

3. Mailing Address

11200 8th ST. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Treasure Island, FL

City & State

4. FEI Number

36-3103538

Applied For

Not Applicable

Zip

Country

33706

U.S.A

Zip

Country

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

**LAKE, EUSTACE R.
 11200 8 ST E
 TREASURE ISLAND FL 33706**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVS** ☐ Delete
 NAME **LAKE, EUSTACE R.**
 STREET ADDRESS **11200 8TH ST. E.**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **PVD** ☒ Change ☐ Addition
 NAME **Lake, Eustace R**
 STREET ADDRESS **11200 8th ST. E.**
 CITY-ST-ZIP **Treasure Island, FL. 33706**

TITLE **TD** ☐ Delete
 NAME **LAKE, EUSTACE R.**
 STREET ADDRESS **11200 8TH ST. E.**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **ST** ☒ Change ☒ Addition
 NAME **Joan M. Lake**
 STREET ADDRESS **11200 8th Street East**
 CITY-ST-ZIP **Treasure Island FL. 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joan M. Lake, ST. Joan M. Lake**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 727-367-4666

Date

Daytime Phone #

CR2E034 (9/01)