

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

0502695 AV

DOCUMENT # **P92000010375**

1. Entity Name  
**LAKELAND BALLROOM, INC.**



01-13-2003 90657 024 \*\*\*150.00

Principal Place of Business  
~~1355 ARIANA ST~~  
~~LAKELAND FL 33803~~  
US **6157 S. Florida AVE**  
**LAKELAND, FL 33813 US**

Mailing Address  
~~1355 ARIANA ST~~  
~~LAKELAND FL 33803~~  
US **6157 S. Florida AVE**  
**LAKELAND, FL 33813**



2. Principal Place of Business  
**6157 S. Florida AVE**

3. Mailing Address  
**6157 S Florida AVE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LAKELAND FL**

City & State  
**LAKELAND FL**

Zip  
**33813**

Country  
**U.S.**

Zip  
**33813**

Country  
**U.S.**

4. FEI Number **59-3154627**

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**

**BOATRIGHT, DEBORAH**  
~~1355 ARIANA STREET~~  
~~LAKELAND FL 33803~~

**6157 S Florida AVE**  
**LAKELAND FL 33813**

Name **Deborah Boatright**

Street Address (P.O. Box Number is Not Acceptable)  
**6157 S Florida AVE**

City **LAKELAND** FL Zip Code **33813**

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 **Deborah Boatright** DATE **1/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
P	<b>BOATRIGHT, DEBORAH</b>	<b>7127 HILEMAN DR EAST</b>	<b>LAKELAND FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	<b>Deborah Boatright</b>	<b>6157 S Florida AVE</b>	<b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** **Deborah Boatright** DATE **1/8/03** DAYTIME PHONE # **607-4098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)