

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

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

01-13-2003 90657 024 ***150.00

0502695 AV

DOCUMENT # **P92000010375**

1. Entity Name
LAKELAND BALLROOM, INC.



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.

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BOATRIGHT, DEBORAH
~~1355 ARIANA STREET~~ **6157 S Florida AVE**
~~LAKELAND FL 33803~~ **LAKELAND FL 33813**

7. Name and Address of New Registered Agent
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P BOATRIGHT, DEBORAH 7127 HILEMAN DR EAST LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. Deborah Boatright 6157 S Florida AVE LAKELAND, FL 33813 (ADDRESS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)