

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90055 040 ***150.00

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1. Entity Name
LAKE PARK 1133 OLD DIXIE ASSOCIATION, INC.



Principal Place of Business
**1133 OLD DIXIE HIGHWAY
LAKE PARK FL 33403**

Mailing Address
**P.O. BOX 12553
LAKE PARK FL 33403-2553
US**

2. Principal Place of Business

3. Mailing Address
PO Box 530553

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE Park, FL 33403

4. FEI Number
65-0416494

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

7. Name and Address of New Registered Agent

**JABLONSKI, WILLIAM
1133 OLD DIXIE HIGHWAY
BAY #7
LAKE PARK FL 33403**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P JABLONSKI, WILLIAM 1133 OLD DIXIE HIGHWAY, #7 LAKE PARK FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	33403
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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: **William Jablonski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/12/03** Daytime Phone # **561-848-8236**

CR2E034 (10/02)