

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90045 002 ***150.00

NC41006 AT

DOCUMENT # P93000051194

1. Entity Name
LAKESIDE WOODS DEVELOPMENT, INC.



Principal Place of Business
**200 CAPRI ISLES BLVD
VENICE FL 34292**

Mailing Address
**PO BOX 297
LAUREL FL 34272**



2. Principal Place of Business
858 HILLCREST DR

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NOKOMIS FL

City & State

Zip
34275

Country

4. FEI Number **65-0425386**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, DAVID E
200 CAPRI ISLES BLVD
VENICE FL 34292

7. Name and Address of New Registered Agent

Name
DAVID E. PETERSON

Street Address (P.O. Box Number is Not Acceptable)
858 HILLCREST DR

City
NOKOMIS FL

Zip Code
34275

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 *David E. Peterson Pro.* DATE **3-1-03**

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 DPV	<input checked="" type="checkbox"/> Delete
NAME PETERSON, DAVID E	
STREET ADDRESS 200 CAPRI ISLES BLVD	
CITY-ST-ZIP VENICE FL 34292	
TITLE	<input type="checkbox"/> Delete
NAME PETERSON, DAVID C	
STREET ADDRESS 200 CAPRI ISLES	
CITY-ST-ZIP VENICE FL 34292	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Peterson David E.	
STREET ADDRESS 858 HILLCREST DR	
CITY-ST-ZIP NOKOMIS, FL 34275	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *David E. Peterson Pro.* **REQUIRED** DATE: **3-1-03** DAYTIME PHONE #: **941-484-7059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)