2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9400006180**

ROY A. LAKE, ATTORNEY AT LAW, P.A.

Country

6. Name and Address of Current Registered Agent

Principal Place	of Business	

Mailing Address

112 WEST VIRGINIA AVENUE BONIFAY FL 32425

2. Principal Place of Business

LAKE, ROY A

P.O. BOX 456 **BONIFAY FL 32425**

112 WEST VIRGINIA AVENUE

Suite, Apt. #, etc.

City & State

Zip

P O BOX 456 BONIFAY FL 32425-0456

3. Mailing Address

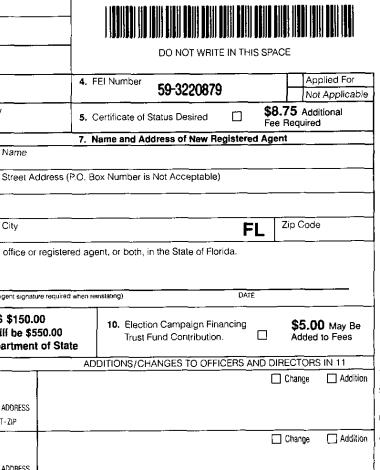
City & State

Zip

Suite, Apt. #, etc.

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90296 011 ***150.00



SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable (NOT	E; Registered Agent signature required v	when reinstating) DA	ΤE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lake, roy a 112 West Virginia Avenue Bonifay Fl 32425	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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Country

Name

City

indicated on this report or suppliemental report is that 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #