2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000074113

1. Entity Name

LAKESIDE RESTAURANT OF OKEECHOBEE, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90106 021 ***150.00

							5					
Principal Plac 2117 HIGHWA OKEECHOBE	• • • • • • • • • • • • • • • • • • • •		2117	Mailing Address 2117 HIGHWAY 441 S.E. OKEECHOBEE FL 34974								
Principal Place of Business 3. Mailing Addre					Idress							
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				65-0530629 Applied Fo				
Zip Country		Country	Zip	Zip Cou		try	5. (Certificate of Status Desired		68.75 Ad ee Require		
	6.⊳Name a	and Address of C	urrent Registere	d Agent		سورت - مجين	~ . ~ . 7 .1	Name and Address of New Reg			77 . A E	
						Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		
	JANET M GHWAY 441 S		Street Address			ress (P.O. B	(P.O. Box Number is Not Acceptable)					
	OBEE FL 349											
			-						FL	Zip Cod	te	
	e named entity tions of registe		ment for the purp	ose of changing it	s register	ed office or re	gistered ag	ent, or both, in the State of Floric	ia. I am fa	miliar with.	and accept	
SIGNATURE	Signature, typed o	printed name of register	ed agent and title if app	licable. (NO	TE: Registere	d Agent signature r	required when re	einstating)	DATÉ			
F		FEE IS \$150.0					· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Finar	oina		20 4 5	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution.			O May Be d to Fees	
10.		OFFICER	S AND DIRECTO	RS _	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE Name Street address City-St-Zip	DP PADULA, J 2117 HWY OKEECHOI	441 SE		□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			, .			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete				ల్లో కాలా విద్యాలు చేసినువేసువులు -	energi eggi	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		□ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete .						☐ Change	☐ 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: •