

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90099 031 \*\*\*150.00

**DOCUMENT # P95000006764**

1. Entity Name  
**LAKE FAY, INC.**

Principal Place of Business

**112 SOUTH PINE AVENUE  
 Ocala FL 34474**

Mailing Address

**P O BOX 6601  
 Ocala FL 34478**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**112 S. PINE AVE**

3. Mailing Address

**PO BOX 4776**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ocala, FL 34474**

City & State

**Ocala, FL**

4. FEI Number

**59-3451558**

Applied For

Not Applicable

Zip

**34474**

Country

**USA**

Zip

**34478**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**HELMS, DANA  
 112 SOUTH PINE AVENUE  
 Ocala FL 34474**

7. Name and Address of New Registered Agent

Name **Linda Sanchez**

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

**112 S. Pine Ave**

City **Ocala**

FL

Zip Code **34474**

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.

SIGNATURE **Linda Sanchez**

NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-02  
 4-22-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HELMS, DANA</b>	
STREET ADDRESS	<b>112 SOUTH PINE AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linda Sanchez</b>	
STREET ADDRESS	<b>112 S. Pine Ave</b>	
CITY-ST-ZIP	<b>Ocala, FL 34474</b>	
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		

13. 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 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 #

**4-22-02 812-2846  
 4-22-02 732-9699**

CR2E034 (9/01)