

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000049432**

1. Entity Name

LAKEWOOD RANCH COMMERCE PARK INC.**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90020 002 ***158.75

Principal Place of Business

**6215 LORRAINE ROAD
BRADENTON FL 34202**

Mailing Address

**6215 LORRAINE ROAD
BRADENTON FL 34202**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0598005**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CHIOFALO, ANTHONY J
7550 LORRAINE RD
BRADENTON FL 34202****7. Name and Address of New Registered Agent**

Name

Chiofalo, Anthony

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

6215 Lorraine Rd.City
Bradenton**FL**Zip Code
34202

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/019. 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	CLARKE, JOHN	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENSEN, REX	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHIOFALO, ANTHONY	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34212	
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	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarke, John	
STREET ADDRESS	6215 Lorraine Rd.	
CITY-ST-ZIP	Bradenton, FL 34202	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Tim	
STREET ADDRESS	6215 Lorraine Rd.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danahy, Tom	
STREET ADDRESS	6215 Lorraine Rd.	
CITY-ST-ZIP	Bradenton, FL 34202	
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

Anthony Chiofalo, Secretary

Date

Daytime Phone #

941**755/637**

CR2E034 (10/00)