

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90192 029 ***150.00

DOCUMENT # P96000101507

1. Entity Name

A & C OF LAKELAND, INC.

Principal Place of Business

**2401 S HACIENDA BLVD APT #337
HACIENDA HEIGHTS CA 91745**

Mailing Address

**2401 S HACIENDA BLVD APT #337
HACIENDA HEIGHTS CA 91745**

31659

2. Principal Place of Business

16273 phidias Lane A+C of Lakeland, Inc

Suite, Apt. #, etc.

chino Hills, Ca. 16273 phidias Lane

City & State

City & State

chino Hills, Ca.

Zip

91709

Country

Zip

91709

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0721324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**DEATON, ANYA O
4630 US 92 E
LAKELAND FL 33801**

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

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 **D** ☐ Delete
NAME **DEATON, ANYA O**
STREET ADDRESS **2401 S HACIENDA BLVD APT #337**
CITY-ST-ZIP **HACIENDA HEIGHTS CA 91745**

TITLE **D** ☐ Delete
NAME **DEATON, CHARLES**
STREET ADDRESS **2401 S HACIENDA BLVD APT #337**
CITY-ST-ZIP **HACIENDA HEIGHTS CA 91745**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Deaton, Anya O**
STREET ADDRESS **16273 phidias Lane**
CITY-ST-ZIP **chino Hills, Ca. 91709**

TITLE **D** ☒ Change ☐ Addition
NAME **Deaton, Charles**
STREET ADDRESS **16273 phidias Lane**
CITY-ST-ZIP **chino Hills, Ca. 91709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

5-8-02 (909) 597-5044

Date

Daytime Phone

CR2E034(9/01)