

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 019 ***150.00

DOCUMENT # P97000036032

1. Entity Name

Lakeside Projects, Inc.



DO NOT WRITE IN THIS SPACE

90061581

2. Principal Place of Business
3345 S Lake Dr

3. Mailing Address
P.O. Box 100290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Palm Bay FL

4. FEI Number
65-0760026

Applied For
☐ Not Applicable

Zip
33155-3634

Country
Dade

Zip
32910-0290

Country
Brevard

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Linda B Brown

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

1160 Meadowbrook Rd NE

City Palm Bay **FL** **Zip Code** 32905-5048

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda B Brown

Linda B Brown

3/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
Brown, John E
STREET ADDRESS
3345 S Lake Dr
CITY - ST - ZIP
Miami FL 33155-3634

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

John E. Brown

John E. Brown

3/24/03 (305) 267-0934

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)