2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

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

FILE NOW!!! FEE \$ \$150.00

DOCUMENT #

P97000054518

Mailing Address

3. Mailing Address

SUITE C

190 W. GLADES ROAD

BOCA RATON FL 33432

1. Entity Name

SUITE C

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PD LADY LAKE, INC.

Principal Place of Business

2. Principal Place of Business

190 W. GLADES ROAD

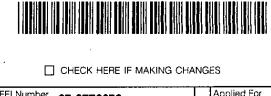
BOCA RATON FL 33432



FILED Mar 03, 2003 8:00 am 8 Secretary of State

03-03-2003 90975 006 ***150.00

10064740



DATE

☐ Change

☐ Change

Addition

Addition

9. Election Campaign Financing

Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0776659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANET, LLOYD ESQ. Street Address (P.O. Box Number is Not Acceptable) 2295 N.W. Corporate Boulevard, Suite 235 1900 NW CORPORATE BLVD STE-100 WEST BUILDING **BOCA RATON FL 33431** Zip Code City 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

(NQTE: Registered Agent signature required when reinstating)

\$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition □ Delete TITLE Change TITLE MANISCALCO, ROSEMARY NAME 190 W. GLADES RD., SUITE C STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Rosemary Maniscalco

CR2E034 (10/02