

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 18 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104002

1. Entity Name
LASSAK VENTURES, INC.



Principal Place of Business
205 E. OSCEOLA ST
STUART, FL 34994

Mailing Address
205 E. OSCEOLA ST
STUART, FL 34994

2. Principal Place of Business

4179 SE Old Saint Lucie Blvd
Suite, Apt. #, etc.

3. Mailing Address

4179 SE Old Saint Lucie Blvd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Stuart Florida
Zip 34996 Country USA

City & State

Stuart Florida
Zip 34996 Country USA

4. FEI Number

65-0803692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 EAST OCEAN BOULEVARD
STUART, FL 34996

7. Name and Address of New Registered Agent

Name

Andrew Lassak

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

4179 SE Old Saint Lucie Blvd

City

Stuart

FL

Zip Code

34996

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, the registered agent.

SIGNATURE

Andrew Lassak President

9-15-03

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

(NOTE: Registered Agent signature required when appointing)

DATE

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	LASSAK, ANDREW	
STREET ADDRESS	4179 SE OLD ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	400023236614
STREET ADDRESS	09/22/03--01053--003 **150.00
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	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/03

Date

Daytime Phone #

CRRE034 (10/03)

9/15

Andrew Lassak
4179 SE Old Saint Lucie blvd
Stuart Florida 34996

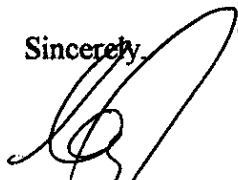
9-15-2003

Florida Dept. Of State

Uniform Business Report
Division Of Corporations
PO Box 1500
Tallahassee Florida 32302-1500

I did not receive the Annual report form. Please correct both address
For numbers
P01000090227
P97000104002

Sincerely,



Andrew lassak
772-708-8186