

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90242 031 \*\*\*150.00

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

DOCUMENT # P97000106622

1. Entity Name  
LAKE MORTGAGE, INC.



Principal Place of Business  
127 AVENUE C SOUTHEAST  
WINTER HAVEN, FL 33880

Mailing Address  
127 AVENUE C SOUTHEAST  
WINTER HAVEN, FL 33880

11017070

127 Ave C.S.E.

2. Principal Place of Business  
WINTER HAVEN

3. Mailing Address  
127 Ave C.S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State  
WINTER HAVEN, FL

City & State  
WINTER HAVEN, FL

4. FEI Number  
65-0802023

Applied For  
Not Applicable

Zip  
33880

Country  
U.S.

Zip  
33880

Country  
U.S.

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

MCKENZIE, BILL  
127 AVENUE C SOUTHEAST  
WINTER HAVEN, FL 33880

Name  
Bill MCKENZIE

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

127 Ave C.S.E.

City  
Winter Haven

FL

Zip Code  
33880

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

Bill McKenzie

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

(NOTE: Registered Agent signature required when reinstating)

4-21-03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
HUBBARD, T R  
7515 COFFEY ROAD  
MOORE HAVEN, FL 33471Q ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
HUBBARD, LENICE A  
7515 COFFEY ROAD  
MOORE HAVEN, FL 33471Q ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Delete

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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

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:

T.R. Hubbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

863-299-8376

Date

Daytime Phone #

CR2E034 (10/02)