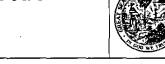
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000003920

1. Entity Name



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90102 002 ***150.00

LAKEWO	OD PARK	MARKEI, INC.								
Principal Plac 5214 SUNSHIN FT. PIERCE FI	ne parkway		Mailing Address 5214 SUNSHINE PARK FT. PIERCE FL 34951							
2. Principal Place of Business			3. Mailing Address				881 10 HOLDS 811 HOLDS 81			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Numb	nn1823424			pplied For ot Applicable
Zip	Country		Zip	p Countr		5. Certificate of Status Desired \$8.75 Addition Fee Required				
	6. Name	and Address of Current		7. Name and	Address of New F	legistered	Agent			
					Name					
MOORE, ROBERT D					Street Address (P.O. Box Number is Not Acceptable)					
530 33RD VERO BE/	I AVE ACH FL 32!	968				<u></u>				
		•			City			FL	Zip Cod	e
	tions of regis	y submits this statement for eled agent.	1		ed office or register ad Agent signature required		th, in the State of Flo	orida. I am DATE	familiar with,	and accept
After Make Check	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of				Tr	ection Campaign Fir ust Fund Contributio	n	Addec	O May Be I to Fees
10		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4465 12Th	KENNETH J H MANOR S.W. ACH FL 32968	☐ Delate						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4465 12T1	VANESSA A H MANOR S.W. ACH FL 32968	☐ Delete		ļ				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	4	i				Change	Addition
TITLE			☐ Delete	TITU	E				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 true 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

الرياية المالي سوارة SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR