## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2002 8:00 am P98000020356 DOCUMENT # Secretary of State 1. Entity Name 01-29-2002 90006 005 \*\*\*150.00 LAKE DEFUNIAK REALTY, INC. Principal Place of Business Mailing Address SEZ ERFEDORT HIGHWAY 757 FREEPORT HIGHWAY DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 2. Principal Place of Business 3. Mailing Address 204 WIRUSKIN PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3495713 Not Applicable SEKSIPE Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOWMAN, VICTOR S** -757 FREEPORT HIGHWAY--DEFUNIAK SPRINGS FL 32433 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE TITLE ☐ Defete NAME **BOWMAN, VICTOR S** NAME STREET ADDRESS STREET ADDRESS +757-FREEPORT HIGHWAY CITY-ST-ZIP CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of the corporation or the receiver of the corporation of the receiver of the r

all other like empowered

changed, or on an attachmen

SIGNATURE:

FILED