

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90120 045 ***150.00

A0063606

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000021297

1. Entity Name

Lakewood Investment Group, Inc.

Principal Place of Business

2285 E. Highway 100,
 Suite 101
 Bunnell, FL 32110

Mailing Address

P.O. Box 159
 Bunnell, FL 32110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593496398

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Gus Simos
 43 South Magnolia Drive
 Ormond Beach, FL 32174

Name Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Daytona Beach

City

Daytona Beach

FL

Zip Code

32114

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	Gus Simos	
STREET ADDRESS	43 South Magnolia Drive	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	Marie Simos	
STREET ADDRESS	43 South Magnolia Drive	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	Albert Esposito	
STREET ADDRESS	326 Moody Boulevard	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Lees	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flynn Edmonson	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores Lees	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Date

Daytime Phone #

3-30-2001 904-437-9180

CR2E034 (11/00)