

**2001 UNIFORM BUSINESS REPORT (UBR)****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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

593496398

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**A0063606****6. Name and Address of Current Registered Agent**Gus Simos  
43 South Magnolia Drive  
Ormond Beach, FL 32174**7. Name and Address of New Registered Agent**

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**TITLE P/D ☒ Delete  
NAME Gus Simos  
STREET ADDRESS 43 South Magnolia Drive  
CITY-ST-ZIP Ormond Beach, FL 32174TITLE S/D ☒ Delete  
NAME Marie Simos  
STREET ADDRESS 43 South Magnolia Drive  
CITY-ST-ZIP Ormond Beach, FL 32174TITLE VP/D ☒ Delete  
NAME Albert Esposito  
STREET ADDRESS 326 Moody Boulevard  
CITY-ST-ZIP Flagler Beach, FL 32136TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D/P ☐ Change ☒ Addition  
NAME George LeesTITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D/S ☐ Change ☒ Addition  
NAME Flynn Edmonson  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Change ☒ Addition  
NAME Delores Lees  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *George Lees*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-2001 904-437-9180

CR2E034 (11/00)