2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

int with an address, with all other like empowered.

DOCUMENT # **P98000090030** Apr 13, 2000 8:00 am Secretary of State LAKESHORE DEVELOPMENT INC. 04-13-2000 90061 010 ***150.00 Mailing Address Principal Place of Business 1076 LAKESHORE DRIVE 1076 LAKESHORE DRIVE JUPITER FL 33458 JUPITER FL 33458-8318 00060491 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0871852 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENE, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 1076 LAKESHORE DRIVE JUPITER FL 33458 Zip Code City 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 DATE (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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE GREENE, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 1076 LAKESHORE DRIVE CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GREENE, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 1076 LAKESHORE DR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition ☐ Change TITLE 🗯 Delete FERGUSON: DAV NAME¹ STREET ADDRESS 1076 LAKE SHORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Greene 4/2/00 5337

Daytime Phone