

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90162 039 ***150.00

DOCUMENT # P98000094457

1. Entity Name

LAKE MASTERS AQUATIC WEED CONTROL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 161075

P.O. BOX 161075

ALTAMONTE SPRINGS FL 32716-1075

ALTAMONTE SPRINGS FL 32716-1075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3541068**

Applied For
Not Applied

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

**CORPORATE ACCESS, INC.
 1116-D THOMASVILLE RD.
 TALLAHASSEE FL 32302**

Name

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

City

FL

Zip Code

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDAS** ☐ Delete
 NAME **COHEN, STUART R**
 STREET ADDRESS **10730 S.E. JUPITER NARROWS DRIVE**
 CITY-ST-ZIP **HOBE SOUND FL 34455**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COOK, MICHAEL A**
 STREET ADDRESS **417 E. LUMSDEN ROAD**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **ALEX, THOMAS A**
 STREET ADDRESS **11600 AUDUBOND LANE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **SMALLRIDGE, W. CLINTON**
 STREET ADDRESS **195 PARKWOOD DRIVE S.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ *
 NAME **VP SALES**
 STREET ADDRESS **MICHEL D. MARTIN**
 CITY-ST-ZIP **490 N. PIN OAK PLACE #308**
LONGWOOD, FL 32779

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ *
 NAME **VP**
 STREET ADDRESS **WILLIAM E. LLOYD**
 CITY-ST-ZIP **4900 N.W. 65TH AVE**
LAUDER HILL, FL 32319

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 12, changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **STUART R. COHEN, PRESIDENT 2/4/00 (561) 762-1111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #