

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90404 024 ***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 Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PDAS	<input type="checkbox"/> Delete
NAME	COHEN, STUART R	
STREET ADDRESS	1963 NW 22 ST.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALEX, THOMAS A	
STREET ADDRESS	11600 AUDUBOND LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMALLRIDGE, W. CLINTON	
STREET ADDRESS	195 PARKWOOD DRIVE S.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, MICHEL D	
STREET ADDRESS	12530 EQUESTRIAN CIRCLE APT 403	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LLOYD, WILLIAM E	
STREET ADDRESS	4900 NW 65TH AVE	
CITY-ST-ZIP	LAUDERHILL FL 32319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: *William E Lloyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-02

Date Daytime Phone #

CR2E034 (9/01)