

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90518 006 ***150.00

DOCUMENT # P98000094457

1. Entity Name
LAKE MASTERS AQUATIC WEED CONTROL, INC.



Principal Place of Business
P.O. BOX 161075
ALTAMONTE SPRINGS FL 32716-1075

Mailing Address
P.O. BOX 161075
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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDAS ☐ Delete
NAME COHEN, STUART R
STREET ADDRESS 1963 NW 22 ST.
CITY-ST-ZIP STUART FL 34994

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

TITLE VP ☐ Delete
NAME MARTIN, MICHEL D
STREET ADDRESS 12530 EQUESTRIAN CIRCLE APT 403
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12530 EQUESTRIAN CIRCLE APT 603
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LLOYD, WILLIAM E
STREET ADDRESS 4900 NW 65TH AVE
CITY-ST-ZIP LAUDERHILL FL 32319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

APR 24, 2003

CR2E034 (10/02)