

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90018 028 ***150.00

0349570 AV

DOCUMENT # P99000023281

1. Entity Name
LAKEVIEW TRADING COMPANY, INC.

Principal Place of Business
 222 LAKEVIEW AVENUE
 SUITES 160-263
 WEST PALM BEACH FL 33401

Mailing Address
 222 LAKEVIEW AVENUE
 SUITES 160-263
 WEST PALM BEACH FL 33401

00000073



2. Principal Place of Business
 249 Royal Poinciana Way
 Suite, Apt. #, etc.

3. Mailing Address
 249 Royal Poinciana Way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Palm Beach, FL
Zip
 33480
Country
 USA

City & State
 Palm Beach, FL
Zip
 33480
Country
 USA

4. FEI Number
 65-0914072

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, HENRY E
 425 SEABREEZE AVE
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name Susan E. Schmidt
Street Address (P.O. Box Number is Not Acceptable)
 249 Royal Poinciana Way
City Palm Beach **FL** **Zip Code** 33480

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 *HE Schmidt* **Henry E. Schmidt** **4/28/02**
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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, HENRY E	
STREET ADDRESS	222 LAKEVIEW AVENUE STES 160-263	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmidt, Susan	
STREET ADDRESS	249 Royal Poinciana Way	
CITY-ST-ZIP	Palm Beach FL 33480	
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 another like empowered.

SIGNATURE: *Susan Schmidt* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **(561) 832-6244**
Date Daytime Phone #

CR2E034 (9/01)