

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90197 048 ***150.00

DOCUMENT # P99000038061

1. Entity Name

~~LAKEVIEW SEA~~ PARTS SERVICES ENTERPRISES, I

Principal Place of Business

Mailing Address

N/C 4/4/2K

2. Principal Place of Business

2900 NORTH COURSE DRIVE

Suite, Apt. #, etc.

#910

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

3. Mailing Address

2900 NORTH COURSE DRIVE

Suite, Apt. #, etc.

#910

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0913828

Applied For

Not Applicable

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

Name

RICHARD CARLSON

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

2900 NORTH COURSE DRIVE

#910

City

POMPANO BEACH

FL

Zip Code

33069

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

Richard Carlson VICE PRESIDENT

4-6-2000

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA S. CARLSON	NAME	
STREET ADDRESS	2900 NORTH COURSE DRIVE #910	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	CITY-ST-ZIP	
TITLE	V/D/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. CARLSON	NAME	
STREET ADDRESS	2900 NORTH COURSE DRIVE #910	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Richard A. Carlson

RICHARD A. CARLSON

4-6-2000 954-956-8649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)