

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90063 039 \*\*\*150.00

**DOCUMENT # P99000068490**

**1. Entity Name**  
**LAKESIDE CITRUS INCORPORATED**



**Principal Place of Business**  
**1227-MARSHALL FARMS RD.**  
**OC00EE FL 34761**

**Mailing Address**  
**1227-MARSHALL FARMS RD.**  
**OC00EE FL 34761**

**2. Principal Place of Business**  
**215 CAPITOL CT**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**215 CAPITOL CT**  
Suite, Apt. #, etc.

**City & State**  
**OC00EE FL**  
Zip  
**34761**  
Country  
**USA**

**City & State**  
**OC00EE FL**  
Zip  
**34761**  
Country  
**USA**

**4. FEI Number** **59-3595825**

**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**

**NICKENS, DAN A**  
**1227-MARSHALL FARMS RD.**  
**OC00EE FL 34761**

**7. Name and Address of New Registered Agent**

**Name**  
**215 CAPITOL CT.**  
**OC00EE, FL 34761**  
**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** *Dan Nickens*

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

(NOTE: Registered Agent signature required when reinstating)

**4-8-03**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **NICKENS, DAN A**  
**STREET ADDRESS** **1227 MARSHALL FARMS RD.**  
**CITY-ST-ZIP** **OC00EE FL 34761**

**TITLE** **D** ☐ Delete  
**NAME** **NICKENS, ANN B**  
**STREET ADDRESS** **1227 MARSHALL FARMS RD.**  
**CITY-ST-ZIP** **OC00EE FL 34761**

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

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

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**CITY-ST-ZIP**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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:** *Dan Nickens*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-8-03** **707-877-0877**  
Date Daytime Phone #

CR2E034 (10/02)