

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90178 016 ***150.00

DOCUMENT # P99000075485

1. Entity Name

LAKEWOOD MANAGEMENT SERVICES, INC.

Principal Place of Business

13864 TIMBERBROOKE DR.,STE.204
ORLANDO FL 32824

Mailing Address

13864 TIMBERBROOKE DR.,STE.204
ORLANDO FL 32824

2. Principal Place of Business

3114 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3114 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

KISSIMMEE

Zip

Country

34741-7601

Zip

Country

34741-7601

4. FEI Number

59-3592915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULTZ, WILLIAM E
13864 TIMBERBROOKE DR.,STE.204
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

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

3114 RIVER BRANCH CIRCLE

City

KISSIMMEE

FL

Zip Code

34741-7601

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

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHULTZ, WILLIAM E	
STREET ADDRESS	13864 TIMBERBROOKE DR.,STE.204	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHULTZ, HETTY E	
STREET ADDRESS	13864 TIMBERBROOKE DR.,STE.204	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANNAN, ELLEN K	
STREET ADDRESS	19547 HENRY ROAD	
CITY-ST-ZIP	FAIRVIEW PARK OH 44126	
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	<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. Shultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

(407) 931-1232

Date

Daytime Phone #

CR2E034 (10/00)