FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

## Jan 22, 2001 8:00 am DOCUMENT # **P99000084025** Secretary of State 1. Entity Name LAKESHORE PROPERTIES OF LUTZ, INC. 01-22-2001 90123 010 \*\*\*158.75 Principal Place of Business Mailing Address 5513 WEST SLIGH AVENUE 5513 WEST SLIGH AVENUE TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-2193980 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIVINGSTON, CLIFTON A Street Address (P.O. Box Number is Not Acceptable) 201 EAST DAVIS BOULEVARD **TAMPA FL 33606** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (10/00) ☐ Delete TITLE ☐ Change TITLE NAME NAME THOMAS, ALLEN C STREET ADDRESS STREET ADDRESS 5513 WEST SLIGH AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied indicated on this report or supplements of the corporation or the receiver of the this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if