

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90102 037 ***150.00

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DOCUMENT # P99000091613

1. Entity Name
LAKE COUNTRY LAUNDRY & CLEANERS, INC.

Principal Place of Business
400 E. INTERLAKE BLVD.
LAKE PLACID FL 33852

Mailing Address
400 E. INTERLAKE BLVD.
LAKE PLACID FL 33852



2. Principal Place of Business
600 E. INTERLAKE BLVD
 Suite, Apt. #, etc.

3. Mailing Address
600 E. INTERLAKE BLVD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE PLACID, FL.

City & State

4. FEI Number **65-0955619**

Applied For
 Not Applicable

Zip
33852

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

STRATTON, W. BRUCE
109 E. INTERLAKE BLVD.
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **JAMES A. RAMBATT**
 Street Address (P.O. Box Number is Not Acceptable)
600 INTERLAKE BLVD.
 City **LAKE PLACID** **FL** Zip Code **33852**

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 *James A. Rambatt*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-2002
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMBATT, JAMES A 549 WASHINGTON PLACE LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, PRISCILLA 549 WASHINGTON PLACE LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James A. Rambatt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 863-465-4102
 Date Daytime Phone #

CR2E034 (9/01)