

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011577 AV

DOCUMENT # **P99000095502**



FILED

1. Entity Name
LAZAN INVESTMENTS, INC.

03 DEC 31 PM 3:31

Principal Place of Business
**505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779**

Mailing Address
**505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
994 Lake Destiny Road

3. Mailing Address
994 Lake Destiny Road

REINSTATEMENT

CHECK HERE IF MAKING CHANGES **03**

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

4. FEI Number **59-3608864**

Applied For
 Not Applicable

Zip
32714

Country
USA

Zip
32714

Country
USA

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

**JURGENS, J.A. P.A.
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779**

Name **Albert E Ford II Esq**
Street Address (P.O. Box Number is Not Acceptable)
**994 Lake Destiny Road
Suite 102**
City **Altamonte Springs FL** Zip Code **32714**

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

DATE **12/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, MARK R 505 WEKIVA SPRINGS RD., STE. 500 LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, LEANN 505 WEKIVA SPRINGS RD., STE. 500 LONGWOOD FL 32779	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, MARK R 50 AL FORD II, 994 Lake Destiny Road Suite 102 Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, LEE ANN 50 AL FORD II, 994 Lake Destiny Road Suite 102 Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600026912975 01/14/04--01025--024 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARK R CARSON** **DR** **12-1-03** **407-234-1077**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)