

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000095502



FILED

03 DEC 31 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
LAZAN INVESTMENTS, INC.

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

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



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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/17/03

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 ☐ 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 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARSON, LEANN
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD FL 32779 ☐ Delete

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 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
600026912975
01/14/04--01025--024 **750.00 ☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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 12-1-03 407-234-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)