

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000099869

Entity Name: LAKEDOCTORS.COM, INC.

FILED  
Feb 19, 2003  
Secretary of State

## Current Principal Place of Business:

150 STATE RD. 419  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

3523 STATE RD. 419  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

150 STATE RD. 419  
WINTER SPRINGS, FL 32708

## New Mailing Address:

3523 STATE RD. 419  
WINTER SPRINGS, FL 32708

FEI Number: 59-3612294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, JAMES L  
150 STATE RD. 419  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

WILLIAMS, JAMES L  
3523 STATE ROAD 419  
WINTER SPRINGS, FL 32708 US

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 L. WILLIAMS

02/19/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, JAMES L  
Address: 445 WOOD STREET  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, JAMES L  
Address: 445 WOOD STREET  
City-St-Zip: LAKE MARY, FL 32746

Title: VST ( ) Change (X) Addition  
Name: WILLIAMS, JAMES L  
Address: 445 WOOD STREET  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. WILLIAMS

P

02/19/2003

Electronic Signature of Signing Officer or Director

Date