

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90668 004 ***150.00

DOCUMENT # S06651

1. Entity Name
BAYHEAD LAKEMARY SERVICES INC.



Principal Place of Business
3521 FORSYTH RD
WINTER PARK FL 32792

Mailing Address
3521 FORSYTH RD
WINTER PARK FL 32792

10023397



2. Principal Place of Business
3505 FORSYTH RD

3. Mailing Address
3505 FORSYTH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number **59-3031989**

Applied For
Not Applicable

Zip
32792

Country

Zip
32792

Country

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

ADKINS, LARRY
3521 FORSYTH RD
WINTER PARK FL 32792

Name **LARRY Adkins**
Street Address (P.O. Box Number is Not Acceptable)
3505 Forsyth Rd
Winter Park
City **FL** Zip Code **32792**

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 *Larry Adkins* **3/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	ADKINS, LARRY	
STREET ADDRESS	3521 FORSYTH RD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARGARET	
STREET ADDRESS	3521 FORSYTH ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPINBY, ELIZABETH	
STREET ADDRESS	3521 FORSYTH ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3505 FORSYTH RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3505 FORSYTH RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3505 FORSYTH RD
CITY-ST-ZIP	WINTER PARK FL
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Larry Adkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)