FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90977 037 ***150.00

Please make as shown — TY
John LaBrie

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52711

1. Entity Name
TWO LAKES, INC.

Mr. & Mrs. John LaBrie
2301 Tuttington Cir.
Oklahoma City, OK 73170-3200

70035263

Principal Place of Business	Mailing Address
215 HWY 90 E CRESTVIEW, FL 32539 US	~~3637 ROLLING LANE CIRCLE~~ ~~MIDWEST CITY, OK 73110~~ US See Change Below

2. Principal Place of Business		3. Mailing Address	
		2301 Tuttington Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Oklahoma City, OK	
Zip	Country	Zip: 73170	Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2001228 — Applied For / Not Applicable

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
RICE DALE E 215 HWY 90E CRESTVIEW, FL 32536	Name Street Address (P.O. Box Number is Not Acceptable) City — **FL** — Zip Code

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

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: D NAME: LABRIE, JOHN STREET ADDRESS: ~~3637 ROLLING LANE CR~~ CITY-ST-ZIP: ~~MIDWEST CITY, OK~~	☐ Delete	TITLE NAME STREET ADDRESS: 2301 Tuttington Circle CITY-ST-ZIP: Oklahoma City OK 73170	☑ Change ☐ Addition
TITLE: D NAME: MULLER, THOMAS STREET ADDRESS: 2903 WYNGATE RD NW CITY-ST-ZIP: ATLANTA, GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: John A. LaBrie — Apr 3, 2003 — 405-691-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #