

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90294 001 ***300.00

DOCUMENT # S56647

1. Entity Name
ARBOR LAKES INVESTMENTS, INC.



Principal Place of Business
**4215 N LAKE VISTA TR
HERNANDO FL 34442
US**

Mailing Address
**4215 N LAKE VISTA TR
HERNANDO FL 34442
US**

55004103



2. Principal Place of Business

3609 E. ARBOR LAKES DR.

Suite, Apt. #, etc.

3. Mailing Address

3609 E. ARBOR LAKES DR.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HERNANDO FL.

City & State
HERNANDO FL.

4. FEI Number **59-3076057**

Applied For
Not Applicable

Zip Country
34442 USA

Zip Country
34442 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHANCEY, MARVIN T. JR
4215 N LAKE VISTA TR
HERNANDO FL 34442**

7. Name and Address of New Registered Agent

Name **MARVIN T. CHANCEY, JR.**
Street Address (P.O. Box Number is Not Acceptable)
3609 E. ARBOR LAKES DR.
City **HERNANDO FL** Zip Code **34442**

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 *Marvin T. Chancey* **MARVIN T. CHANCEY, JR.** 1-28-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLACHSMANN, HERMANN 4215 N LAKE VISTA TR HERNANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCEY, MARVIN T JR 4215 N LAKE VISTA TR HERNANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ATTKISSON, JAMES R. 9600 KOGER BLVD #105 ST PETERSBURG FL	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLACHSMANN, HERMANN 3609 E. ARBOR LAKES DR. HERNANDO, FL. 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANCEY, MARVIN T. JR. 3609 E. ARBOR LAKES DR. HERNANDO, FL. 34442	<input checked="" 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
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: *Marvin T. Chancey* **MARVIN T. CHANCEY, JR.** 1-28-03 352-726-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)