

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00748

1. Entity Name

LAKESIDE ESTATE SERVICES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90067 040 \*\*\*150.00

Principal Place of Business P.O. BOX 30021 CLEVELAND OH 44130-0021	Mailing Address P.O. BOX 30021 CLEVELAND OH 44130-0021
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  BLACKWOOD, DAVID A. 605 S.E. 10TH ST. POMPANO BEACH FL 33060	7. Name and Address of New Registered Agent Name VIRGINIA A. BLACKWOOD Street Address (P.O. Box Number is Not Acceptable) 605 S.E. 10TH ST. City POMPANO BEACH FL Zip Code 33060
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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.
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SIGNATURE DAVID A. BLACKWOOD (DECEASED), VIRGINIA A. BLACKWOOD (WIFE) NOW AGENT
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE P NAME RANKER, PAUL H. STREET ADDRESS 14821 TIMBER LANE CITY-ST-ZIP MIDDLEBURG HGHTS OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE S NAME RANKER, SAMANTHA S STREET ADDRESS 14821 TIMBER LANE CITY-ST-ZIP MIDDLEBURG HGHTS OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul H. Ranker PAUL H. RANKER 05-01-2000 (330) 225-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #