## **2003 FOR PROFIT CORPORATION**

## **FILED** Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # V09911 1. Entity Name 03-03-2003 90445 048 \*\*\*150.00 LAKE JESSUP GROVES, INC. Principal Place of Business Mailing Address 700 W FIRST STREET 700 W FIRST STREET SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3110551 Not Applicable Country Zip Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, GEORGE B Street Address (P.O. Box Number is Not Acceptable) 700 W FIRST STREET SANFORD FL 32771 City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change NAME Addition WALLACE, GEORGE B NAME ATREET ADDRESS 700 W FIRST STREET STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition BALES, JEFFREY C NAME STREET ADDRESS 2910 W LAKE MARY BLVD STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition LINGLE, G. KURT NAME STREET ADDRESS 111 LOCK ARBOR CT. STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE ☐ Change NAME ☐ Addition TRAMMELL, JOE B NAME STREET ADDRESS 720 N RIO GRANDE AVE STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP DITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete

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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

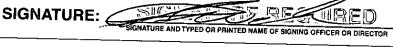
STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP



03 407-123-3660

☐ Change

☐ Addition