## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## V13198 **DOCUMENT #**

1. Entity Name EAST LAKE INVESTMENT CORP.



**FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90434 012 \*\*\*150.00

Principal Place of Business 15300 PARK OF COMMERCE BLVD JUPITER FL 33478				Mailing Address PO BOX 33209 PALM BEACH GARDENS FL 33420 US												
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 65-0311452						$\rightarrow$	Applie Not Ac	d For
Zip Country			Zip		Coun	try								\$8.75 Additional Fee Required		
	6Name	and Address of Curre	nt Register	ed Agent	·			7 Nan	ne and Ad	Idress	of Nev	Regis	stered /	Agent		
NEAGE A		Name														
NEASE, MARIAN PEARLMA					İ	Street Ac	ddress (P.	O. Box	Number is	Not Ac	cental	ble)				
2500 N MILITARY TRL							Street Address (P.O. Box Number is Not Acceptable)									
STE 480 BOCA RATON FL 33431						350 E. La			0/4	is [	310	<u> </u>	Su	ite	(ပ <sub>င</sub>	0
						City Ŧ.			<u>ccd</u> a				FL	Zin Co	~3 O	,
8. The above the obligat	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 II applicable. (NOTE: Registered Agent signature required when rejinstating).  Date:															
	Signature, typeu t	ar printed name of registered age	ent and title it app	plicable. (NOTE	:: Hegistered	1 Agent signatur	re required w	hen reinsta	ting)				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 Trust F	on Cam Fund Co			ing [		. <b>00</b> M ed to F	
10.		OFFICERS AN	ID DIRECTO	)RS	11.			ADDIT	IONS/CH	ANGES	TO O	FFICER	RS AND	DIRECTO	RS IN	11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOX 33	z, roland 3209 n/A Ch gardens fl 33	3420	☐ Delete	1									☐ Change		Addition
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TITLE NAME STREET ADDRESS   CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP						-		☐ Change		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE	T ADDRESS								Change		Addition

12. I hereby certify that the information supplied with this filling 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 of 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:

ROTALDIROTAPLET