

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90854 013 ***150.00



DOCUMENT # V37010

1. Entity Name
IOLA LAKESIDE VILLAGE, INC.

Principal Place of Business
35310 HIGHWAY 54 WEST
ZEPHYRHILLS FL 33541

Mailing Address
35310 HIGHWAY 54 WEST
ZEPHYRHILLS FL 33541



2. Principal Place of Business
34851 S.R. 54
Suite, Apt. #, etc. Suite 101
City & State Zephyrhills, FL
Zip 33541 Country USA

3. Mailing Address
34851 S.R. 54
Suite, Apt. #, etc. Suite 101
City & State Zephyrhills, FL
Zip 33541 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3136780 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
HILL, CARL D
35310 HWY 54 W 34851 S.R. 54 Suite 101
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CARL D. 35310 HIGHWAY 54 WEST ZEPHYRHILLS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	34851 S.R. 54 Suite 101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, KIMBERLY 35310 HIGHWAY 54 WEST ZEPHYRHILLS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	34851 S.R. 54 Suite 101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** 1/9/03 (813) 782-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)