

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086267

Entity Name: SHOPPES OF LAKESIDE, INC.

Current Principal Place of Business:

2440 MAYPORT RD.
#7
JACKSONVILLE, FL 32233

Current Mailing Address:

P O BOX 330108
ATLANTIC BEACH, FL 32233-0108

FEI Number: 59-3212975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SORRELL, MARY C
2440 MAYPORT RD.
#7
JACKSONVILLE, FL 32233 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PTSD
Name HIONIDES, CHRIS
Address 2240 MAYPORT RD.#7
City-State-Zip: JACKSONVILLE FL 32233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS HIONIDES

OWNER

04/25/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date