

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90390 013 ***150.00

DOCUMENT # **P94000040439**

1. Entity Name
LAAKE PORTRAIT GALLERY, INC.



Principal Place of Business
**827 S KINGS AVE
BRANDON FL 33511
US**

Mailing Address
**827 S KINGS AVENUE
BRANDON FL 33511
US**



2. Principal Place of Business
7426 Lutz Lake Fern
Suite, Apt. #, etc.

3. Mailing Address
7426 Lutz Lake Fern Rd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Odessa

City & State
Odessa

4. FEI Number **65-0496801**

Applied For
Not Applicable

Zip **33556**

Country **USA**

Zip **33556**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAYNE, PATRICIA A
827 S KINGS AVENUE
BRANDON FL 33511**

Name **PATRICIA A Laake**
Street Address (P.O. Box Number is Not Acceptable)
7426 Lutz Lake Fern Rd
City **Odessa** FL Zip Code **33556**

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]*

DATE **3/25/03**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete
D	LAAKE, PATRICIA	827 S KINGS AVE	BRANDON FL 33511	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/25/03** DAYTIME PHONE # **813920-3350**

Date Daytime Phone #

CR2E034 (10/02)