


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 027 ***150.00

DOCUMENT # P95000061997
1. Entity Name
LAKEWOOD PARK LIQUORS & PUB, INC.



DO NOT WRITE IN THIS SPACE

11009624

2. Principal Place of Business
5580 VILLAGE LANE
Suite, Apt. #, etc.

3. Mailing Address
5580 VILLAGE LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BLOOMFIELD HILLS, MI

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BLOOMFIELD HILLS, MI

4. FEI Number 65-0608854 Applied For
Not Applicable

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

Zip 48301 Country USA Zip 48301 Country USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICHARD H. HACKNEY

Street Address (P.O. Box Number is Not Acceptable)
717 MANATEE AVENUE WEST, SUITE 200

City BRADENTON FL Zip Code 34205

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

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|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LONG, ROBERT D. 5580 VILLAGE LANE BLOOMFIELD HILLS, MI 48301 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2E034B (12/02)

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

SIGNATURE: Robert D. Long ROBERT D. LONG 4-19-03 248-626-1297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #