

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90189 027 ***150.00

0010805 AV

DOCUMENT # 684104

1. Entity Name
THE CHARLES WAYNE CORPORATION

| | |
|---|--|
| Principal Place of Business 1030 W. INTERNATIONAL SPEEDWAY INC STE 101 DAYTONA BEACH FL 32114 US | Mailing Address 1030 W. INTERNATIONAL SPEEDWAY BLVD STE 101 DAYTONA BEACH FL 32114 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|---------|---|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2052983 | | Applied For | |
| Suite, Apt. #, etc. SUITE 201 | | Suite, Apt. #, etc. SUITE 201 | | | | Not Applicable | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| LICHTIGMAN, CHARLES S. 1030 W. INTERNATIONAL SPEEDWAY BLVD SUITE 101 SUITE 201 DAYTONA BEACH FL 32114 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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.

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

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| | | | | | | | |
|----------------------------|------------------------|---------------------------------|--|---|--|---|--|
| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | VCST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BEIGHLE, J. WAYNE | | | NAME | | | |
| STREET ADDRESS | 6327 PALMAS BAY CIRCLE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ORANGE FL | | | CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LICHTIGMAN, CHARLES S. | | | NAME | | | |
| STREET ADDRESS | 22 RIVER RIDGE TRAIL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BEACH FL | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles S. Lichtigman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02
 Date

386-238-3600
 Daytime Phone #

CR2E034 (9/01)