

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

DOCUMENT # F50490
1. Entity Name TICKET CHARTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O EDWARD D. DUDA
3. Mailing Address 1201 LITARD KNOT CREEK TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO, FL

City & State
OVIEDO, FL

4. FEI Number 59-2134226

Applied For
Not Applicable

Zip 32765

Country ORANGE

Zip 32765

Country ORANGE

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

7. Name and Address of Current Registered Agent

Name EDWARD D. DUDA

Street Address (P.O. Box Number is Not Acceptable)

1201 LITARD KNOT CREEK TRAIL

City OVIEDO

FL

Zip Code 32765

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME PD ED DWYER STREET ADDRESS 4440 JAMES RD CITY-ST-ZIP COCOA, FL 32926	TITLE NAME VP CANDACE DWYER STREET ADDRESS 4440 JAMES RD CITY-ST-ZIP COCOA, FL 32926
TITLE NAME S/T EDWARD D. DUDA STREET ADDRESS 1201 LITARD KNOT CREEK TRAIL CITY-ST-ZIP OVIEDO, FL 32765	TITLE NAME VP CANDACE DWYER STREET ADDRESS 4440 JAMES RD CITY-ST-ZIP COCOA, FL 32926
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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 on an attachment with an address with all other information empowered.

SIGNATURE:

Edward J Dwyer **Edward J Dwyer** 7-7-02 (321)631-3321

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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