

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90095 034 \*\*\*550.00

0147320 AB

**DOCUMENT # F93000002632**

1. Entity Name  
**GALE CHARTER, INC.**



Principal Place of Business  
**33670 RIVIERA  
FRASER MI 48026**

Mailing Address  
**33670 RIVIERA  
FRASER MI 48026**



2. Principal Place of Business  
**16940  
P.O. Box 1703 GRANDE QUAY**

3. Mailing Address  
**P.O. Box 1703**

CHECK HERE IF MAKING CHANGES

City & State  
**BOCA GRANDE, FL**

City & State

4. FEI Number **38-3099214**

Applied For  
 Not Applicable

Zip  
**33921**

Country  
**Charlotte**

Zip

Country

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**

**HAYNIE, DAN  
GRANDE QUAY  
GASPARILLA BOCA GRANDE FL 33921**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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	CT	<input checked="" type="checkbox"/> Delete
NAME	HAYNIE, DAN	
STREET ADDRESS	33670 RIVIERA	
CITY-ST-ZIP	FRASER MI 48026	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEENE, MITCHELL	
STREET ADDRESS	2275 DIXON LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYNIE, GALE	
STREET ADDRESS	77888 PEARL DR	
CITY-ST-ZIP	ROMEO MI 48065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNIE, DAN	
STREET ADDRESS	P.O. Box 1703	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNIE, GAYLE	
STREET ADDRESS	P.O. Box 1703	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08/05/03 Daytime Phone # 944-9641160

CR2E034 (4/03)