

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99423

1. Entity Name

CHARLIE LUCKIE & ASSOCIATES, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90099 041 ***150.00

Principal Place of Business

% CHARLIE LUCKIE, JR.
242 HOWELL AVE.
BROOKSVILLE FL 34601

Mailing Address

% CHARLIE LUCKIE, JR.
242 HOWELL AVE.
BROOKSVILLE FL 34601-2517

2. Principal Place of Business

Suite, Apt. #, etc.
105 N. Main Street

City & State
Brooksville, FL

Zip
34601

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 907

City & State
Brooksville, FL

Zip
34601

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2948613

Applied For
Not Applicable

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

LUCKIE, CHARLIE, JR.
242 HOWELL AVE.
BROOKSVILLE FL 34601

Name

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

105 N. Main Street

City

Brooksville,

FL

Zip Code
34601

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

Charlie Luckie Jr.

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

(NOTE: Registered Agent signature required when reinstating)

4/14/00
DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LUCKIE, CHARLIE, JR.
STREET ADDRESS 242 HOWELL AVE.
CITY-ST-ZIP BROOKSVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 105 N. Main Street
CITY-ST-ZIP Brooksville, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Charlie Luckie Jr. Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(352) 796-3564

Daytime Phone #

CR2E034 (9/99)