

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L42973**

1. Entity Name  
**LABELLE REAL ESTATE, CO.**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90085 047 \*\*\*550.00

Principal Place of Business

**360 N. BRIDGE ST.  
LABELLE FL 33935  
US**

Mailing Address

**P.O. BO 636  
LABELLE FL 33975**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0167550**

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

**CRAICHY, SHARON S.  
360 N. BRIDGE ST.  
LABELLE FL 33975**

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, 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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CRAICHY, SHARON S</b>	
STREET ADDRESS	<b>360 N. BRIDGE ST.</b>	
CITY-ST-ZIP	<b>LABELLE FL 33935</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WILKINS, JULIE C</b>	
STREET ADDRESS	<b>41 HAMPTON AVE.</b>	
CITY-ST-ZIP	<b>LABELLE FL 33935</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

863 675 2650

Date

Daytime Phone #

CR2E034 (4/02)