

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014767

1. Entity Name  
LYKE ENTERPRISES, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90071 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

249 CAROLINA AVE  
FT MYERS BEACH FL 33931

249 CAROLINA AVE  
FT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

16521 SAN CARLOS BLVD.

16521 SAN CARLOS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103-C

SUITE 103-C

City & State

City & State

FORT MYERS, FL

FORT MYERS, FL

4. FEI Number

65-0980748

Applied For

Not Applicable

Zip Country  
33908-5245 USA

Country

Zip Country  
33908-5245 USA

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

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY, SUITE 300  
FT MYERS FL 33919

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.

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 \$150.00**  
**After MAY 1, 2001 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 LYKE, THEODORE J  
STREET ADDRESS 249 CAROLINA AVE  
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE D (ADDRESS) ☒ Change ☐ Addition  
NAME LYKE, THEODORE J  
STREET ADDRESS 16521 SAN CARLOS BLVD, SUITE 103-C  
CITY-ST-ZIP FORT MYERS, FL 33908-5245

TITLE D ☐ Delete  
NAME LYKE, NANCY S  
STREET ADDRESS 249 CAROLINA AVE  
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE D (ADDRESS) ☒ Change ☐ Addition  
NAME LYKE, NANCY S  
STREET ADDRESS 16521 SAN CARLOS BLVD, SUITE 103-C  
CITY-ST-ZIP FORT MYERS, FL 33908-5245

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE J. LYKE

Date

Daytime Phone #

941-278-4997

CR2E034 (10/00)