

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90027 034 ***150.00

DOCUMENT # P01000042237

1. Entity Name
 LUCKY STAR CHARTER INC.

Principal Place of Business
 104 SANDPIPER BLVD.
 ST. AUGUSTINE FL 32080

Mailing Address
 104 SANDPIPER BLVD.
 ST. AUGUSTINE FL 32080

2. Principal Place of Business
 SAME AS ABOVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
 59-3717376

Applied For
☒ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DROUKAS, ROGER C
 104 SANDPIPER BLVD.
 ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent
 Name: SAME
 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 Roger C. Droukas May 1, 02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	DROUKAS, ROGER C	NAME	
STREET ADDRESS	104 SANDPIPER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	CITY-ST-ZIP	
	as above		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] **SIGNATURE REQUIRED**
 Signature and typed or printed name of signing officer or director

May 1, 02
 Date Daytime Phone #

CR2E034 (9/01)