

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90155 039 ***150.00

0121310 AT

DOCUMENT # P02000078932

1. Entity Name

LUCHARM ASSISTED LIVING FACILITY, INC.



Principal Place of Business

**51 PERROTTI LN
PALM COAST FL 32164**

Mailing Address

**51 PERROTTI LN
PALM COAST FL 32164**

2. Principal Place of Business

NA

3. Mailing Address

11 COTTAGE GATE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM COAST, FLORIDA

City & State

City & State

Zip

Country

Zip

Country

32137

USA

4. FEI Number

50-0007889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PANILAG, CHARMAINE
66 PATRIC DR
PALM COAST FL 32164**

7. Name and Address of New Registered Agent

Name

MARIA LOLITA PANILAG

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

11 COTTAGE GATE CT.

City

PALM COAST

FL

Zip Code

32137

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 **MARIA LOLITA PANILAG - PRESIDENT**

07-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **PANILAG, CHARMAINE**
STREET ADDRESS **66 PATRIC DR**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **D** ☐ Delete
NAME **PANILAG, LOU-WELAH**
STREET ADDRESS **66 PATRIC DR**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **PRESIDENT** ☐ Delete
NAME **PANILAG, MARIA LOLITA**
STREET ADDRESS **11 COTTAGE GATE CT.**
CITY-ST-ZIP **PALM COAST, FL. 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

MARIA LOLITA PANILAG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30-03 386-447-7503

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80135612
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07-30-03

Dear Sir / madam:

We are sorry but we certainly did not received the first Business Report you sent us. The previous occupants of this address made instructions with the Postal Service regarding their mail forwarding.

We made changes with the Postal office already but we still are having some problems with our mail.

We hope you'll understand us. We are very good in paying our obligations.

Enclosed is the check of \$150.00 and the Business Report.

Thank you very much.

Sincerely,
Maria Lolita Panilag