

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000115880**

1. Entity Name

LYLE ROBERT CATER, P.A.



FILED

03 OCT -5 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

400023590204

10/06/03--01073--012 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8478 GULF BOULEVARD

3. Mailing Address
8478 GULF BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAVARRE BEACH, FL

City & State
NAVARRE BEACH, FL

4. FEI Number
75-3090224

Applied For
Not Applicable

Zip
32566

Country
SANTA ROSA

Zip
32566

Country
SANTA ROSA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LYLE R CATER

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

8478 GULF BOULEVARD

City
NAVARRE

FL

Zip Code
32566

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Lyle R Cater (President) 8478 Gulf Boulevard Navarre, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1490 Alabama Street Navarre Beach, FL 32566
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10/1/03

Date

1-850-936-4137

Daytime Phone #

CR2E034B (12/02)

Nicholson, Reeder & Demski, P.A.
Certified Public Accountants

Larry E. Reeder, CPA
Patricia A. Demski, CPA
Diana S. Reynolds, CPA

24 Walter Martin Road, Suite 1
Post Office Box 1179
Fort Walton Beach, Florida 32549

Telephone (850) 243-3176
Facsimile (850) 244-6099

October 2, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Lyle Robert Cater, P.A.
Doc # P02000115880

Dear Sir or Madam,

When checking the state web site to verify the status of this corporation, we learned the corporation has been administratively dissolved for failure to file 2003 UBR. When questioning our client, we determined their mailing address used by the state was no longer valid, and our client never received their UBR.

We have enclosed a completed UBR with the corrected address, as well as a check for \$150. We ask your consideration in abating any penalties for failure to file due to the incorrect address used to mail the UBR to our client.

Thank you for your assistance in this matter.

Sincerely,

NICHOLSON, REEDER & DEMSKI, PA



Chris Brannon
Bookkeeper

Enclosure

CCB/mag