FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

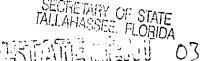
PO200011288D

LYLE ROBERT CATER, P.A.



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DO NOT WRITE IN THIS SPACE

			H HUUUCSSEL	i 1 ()		
2. Principal Place of Business 8478 GULF BOULEVARD		3. Mailing Address 8478 GULF BOULEVARD		10/06/030107301	2 **150.00	
Suite. Apt. #, etc.		Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE.		
City & State		City & State		4. FEI Number 75-3090224	Applied For	
NAVÆRRE BEACH, FL		NAVARRE BEACH, FL		75-3090224	Not Applicable	
Zip 32566	Country SANTA ROSA	Zip 32566	Country SANTA ROSA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
of sets				7. Name and Address of Current Registered Agent		
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## 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	le)				
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

CR2E034B (12/02)

10. OFFICERS AND DIRECTORS TITLE TITLE Lyle R Cater (President) NAME NAME 8478 Gulf Boulevard 1490 Alabama Street NavameBeach, FC STREET ADDRESS STREET ADDRESS Navarre, FL 32566 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling 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 eath; 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-mer like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10/1/03 1-850-936-4137

## 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 30 年前 開稅

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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

Moullon

Chris Brannon Bookkeeper

Enclosure

CCB/mag