2005

~~2003~~ FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90095 041 ***158.75

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1. Entity Name
LADY XANADU CHARTERS, INC.

50050006

Principal Place of Business	Mailing Address
~~3434 17TH~~ AVE N ~~SAINT PETERSBURG~~ FL 33713 OK US	~~3434 17TH~~ AVE N ~~SAINT PETERSBURG~~ FL 33713 OK US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7901 22ND AVE. N. Suite, Apt. #, etc.	7901 22ND AVE. N. Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL Zip: 33710 Country: USA	City & State: ST. PETERSBURG, FL Zip: 33710 Country: USA

4. FEI Number 59-3358502 ☐ Applied For ☐ Not Applicable

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
FRYER, JOAN M ~~3434 17TH~~ AVE N ~~SAINT PETERSBURG~~ FL 33713 OK	Name Street Address (P.O. Box Number is Not Acceptable): 7901 22ND AVE. N. City: ST. PETERSBURG FL Zip Code: 33710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD FRYER, JOAN M 6553 46TH STREET NORTH, STE. 905 PINELLAS PARK FL 33781	☒ Delete	DP FRYER, MICHAEL A. 5400 95TH ST. N., #2245 ST. PETERSBURG, FL 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7901 22 ND AVN ST PETE, FL 33710	☐ Delete	DVS FRYER, JOAN M 5400 95TH ST. N., #2248 ST. PETERSBURG, FL 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	7901 22ND AV N. ST PETE, FL 33710	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: SIGNATURE REQUIRED JOAN M. FRYER 4/30/03 727-381-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joan M Fryer 4/30/05 727-381-1100