

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90210 041 \*\*\*158.75

**DOCUMENT # P95000097696**

1. Entity Name  
**LADY XANADU CHARTERS, INC.**



Principal Place of Business  
**3434 17TH AVE N  
SAINT PETERSBURG FL 33713  
US**

Mailing Address  
**3434 17TH AVE N  
SAINT PETERSBURG FL 33713  
US**

2. Principal Place of Business

**7901 22ND AVE N.**

3. Mailing Address

**7901 22ND AVE. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST. PETERSBURG, FL**

4. FEI Number **59-3358502**

Applied For  
Not Applicable

Zip  
**33710**

Country  
**USA**

Zip  
**33710**

Country  
**USA**

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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Delete  
NAME **FRYER, JOAN M**  
STREET ADDRESS **6553 46TH STREET NORTH, STE. 905**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **DP** ☒ Change ☐ Addition  
NAME **FRYER, MICHAEL A.**  
STREET ADDRESS **5400 95TH ST. N., #224B**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVS** ☒ Change ☐ Addition  
NAME **FRYER, JOAN M**  
STREET ADDRESS **5400 95TH ST. N., #224B**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

CR2E034 (10/02)