2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

SIGNATURE:

FILED Aug 28, 2000 8:00 am Secretary of State DOCUMENT # **P96000007843** 1. Entity Name CHARLES D. LEAR, INC. 08-28-2000 90037 009 ***550.00 Principal Place of Business Mailing Address 1313 NE 13TH ST 1313 NE 13TH ST FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 00081593 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0691570 Not Applicable Country Country Zip Zip \$8.75. Additional= 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILBERTSON, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 2200 NE 26TH ST WILTON MANORS FL 33305 Zip Code FL 🕏 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. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PSTD TITLE Addition ☐ Delete LEAR, CHARLES D NAME NAME STREET ADDRESS STREET ADDRESS 1313 NE 13TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP_-CUTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if