

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90743 003 \*\*\*150.00

051728 AV

**DOCUMENT # P97000101727**

1. Entity Name  
**C.R. EARLES ENTERPRISES INC.**



Principal Place of Business  
**17221 SAN CARLOS BLVD.  
FORT MYERS FL 33931**

Mailing Address  
**1500 COLONIAL BLVD. SUITE 103  
FORT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

**13391 GATEWAY DR.  
SUITE, APT. #, etc.  
60 SZYMANSKI #117  
CITY & STATE  
FORT MYERS**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0803659**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33919 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

**MILLIGAN, JOHN P JR  
1500 COLONIAL BLVD. SUITE 103  
FORT MYERS FL 33907**

Name  
**Frances K. Szymanski**

Street Address (P.O. Box Number is Not Applicable)  
**13391 GATEWAY DR. #117**

**Fort Myers FL 33919**

FL

Zip Code  
**33919**

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

*Frances K. Szymanski*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D EARLES, CHARLES R  
3603 KNOLLWOOD RD.  
FORT MYERS FL 33919** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D HUNTER EARLES, PATRICIA  
3603 KNOLLWOOD RD.  
FORT MYERS FL 33919** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Patricia Hunter Earles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**

**PATRICIA HUNTER EARLES**

Daytime Phone #

CR2E034 (10/02)