

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 013 ***150.00

DOCUMENT # P98000019880

1. Entity Name
OVERNIGHTERS ASSOCIATION, INC.



Principal Place of Business
201 W MARION AVE 1601
SUITE 203
PUNTA GORDA FL 33950

Mailing Address
201 W MARION AVE
SUITE 203
PUNTA GORDA FL 33950



2. Principal Place of Business
1601 W. MARION AVE

3. Mailing Address
1601 W. MARION AVE

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33950

Country
USA

Zip
33950

Country
USA

4. FEI Number 65-0820329

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LUKASIK, FRANK A
201 WEST MARION AVENUE 1601
SUITE 203
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name FRANK A. LUKASIK
Street Address (P.O. Box Number is Not Acceptable) 1601 W. MARION AVE
203
City PUNTA GORDA **FL** **Zip Code** 33950

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 _____ (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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	LUKASIK, FRANK A	
STREET ADDRESS	201 W. MARION AVE. #203	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PAUL MCCARTHY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA MCCARTHY	
STREET ADDRESS	3340 ALBIN AVE	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE OF FRANK A LUKASIK 4/1/03 941 5753500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)