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

## DOCUMENT # P98000040908

1. Entity Name CHARLES T. LAKE A.A.S., INC.



## FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90288 008 \*\*\*150.00

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Principal Plac	ce of Business	Mailing Address									
5641 VIRGINIA		5641 VIRGINIA AVE.									
NEW PORT RICHEY FL. 34652			NEW	NEW PORT RICHEY FL 34652							
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2. Principal P	Place of Busines	3. Mailing Address				- }					
Cuita Ant	# -10										
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				}	☐ CHECK HERE IF MAKING CHANGES				
City & Stat	**	City & Chara				-	4 FELNINGHAM			aliad Fau	
City & Stat	ie	City & State			4.	FEI Number <b>59-3517071</b>		<b>———</b>	oplied For ot Applicable		
Zip Country			Zip Counti					<del> </del>	<del></del>		
Zip Country			Zip	l Zip Court			5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
<del></del> -	6. Name ar	Begister	Registered Agent			7. Name and Address of New Registered Agent					
		cu Ageni_		Name	<del></del>	Traine and Address of New Heg	istered A	gent			
LAKE, CH	IARLES T										
	GINIA AVE.		Street Address			ess (P.O.	(P.O. Box Number is Not Acceptable)				
	RT RICHEY FL	24652		ļ							
NEW FOR	11 NICHET PL										
					City		<del></del>	FL	Zip Code	e	
		<del></del>						<u> </u>			
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.											
CIONATURE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	71 F MOU/III			Τ		····		T			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Finan	cing _	\$5.0	<b>0</b> May Be
		lorida Department o	f State					Trust Fund Contribution.		Added	I to Fees
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12 I horoby o	cortify that the in-	formation cupplied with	this filing	door not qualify for	Alexander and the second	ontion stated in	0	110.07(0)(i) Florida Ctatuta   16)			

1. In nereby 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 AND TEXT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

727-849-0063

Daytime Phone #