

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 038 ***150.00

DOCUMENT #

1. Entity Name

P99000085875

CARD SOUND CHARTERS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

544 CARD SOUND RD
Suite, Apt. #, etc.

3. Mailing Address

16801 SW 238 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

4. FEI Number

59-3620605

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33031

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BOWEN, LESLEY E.

Street Address (P.O. Box Number is Not Acceptable)

48 NE 15 STREET

City

HOMESTEAD

FL

Zip Code

33030

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D
NAME HOOG, ROBERT CHARLES
STREET ADDRESS 16801 SW 238 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4-29-03