

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90130 003 ***150.00

DOCUMENT # P99000102258

1. Entity Name

THE LANCASTER CONSULTING GROUP, INC.

Principal Place of Business

**2269 S. UNIVERSITY DRIVE NO. 260
 DAVIE FL 33324**

Mailing Address

**2269 S. UNIVERSITY DRIVE NO. 260
 DAVIE FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONIGLIO, JOHN A
 4801 SOUTH UNIVERSITY DRIVE
 SUITE 3000
 DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name **H. NATHAN CHARLES**

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

250 JACARANDA DR. #603

City **PLANTATION**

FL

Zip Code **33324**

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.

SIGNATURE **H. Nathan Charles - DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **CHARLES, H. NATHAN**
 STREET ADDRESS **250 JACARANDA DR. #603**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
 NAME **WOOD-CHARLES, VIVIAN NINA M**
 STREET ADDRESS **250 JACARANDA DR. #603**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
 NAME **CHARLES, JOHN E**
 STREET ADDRESS **SCHLOSSBERG 16, 9526 ZUCKENRIET, S.G.**
 CITY-ST-ZIP **SWITZERLAND**

TITLE **D** ☐ Delete
 NAME **CHARLES, WINSTON R**
 STREET ADDRESS **6 MENDOZA RD UPPER BELMONT VALLEY RD**
 CITY-ST-ZIP **PORT OF SPAIN WI**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **H. Nathan Charles**

H. NATHAN CHARLES

4/10/02

(954) 831-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)