

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90754 006 ***150.00

DOCUMENT # S77833

1. Entity Name
CHARLES A. FRIEND, INC.



Principal Place of Business
2100 N.E. 30TH COURT
LIGHTHOUSE POINT FL 33064

Mailing Address
2100 N.E. 30TH COURT
LIGHTHOUSE POINT FL 33064



2. Principal Place of Business

23061 ADDISON LAKES CIRCLE
Suite, Apt. #, etc.
BOCA RATON, FL.

3. Mailing Address

23061 ADDISON LAKES CIRCLE
Suite, Apt. #, etc.
BOCA RATON, FL.

☐ CHECK HERE IF MAKING CHANGES

City & State
33433-6863

City & State
33433-6863

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

FRIEND, CHARLES A.

2100 N.E. 30TH COURT

LIGHTHOUSE POINT FL 33064

23061 ADDISON LAKES CIRCLE
BOCA RATON, FL.
33433-6863

Name

FRIEND, CHARLES A. - I -
Street Address (P.O. Box Number is Not Acceptable)

23061 ADDISON LAKES CIRCLE

BOCA RATON, FL.

City

FL

Zip Code
33433

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

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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **FRIEND, CHARLES A.**
STREET ADDRESS **2100 N.E. 30TH COURT**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE **D** ☐ **Change** ☐ **Addition**
NAME **FRIEND, CHARLES A.**
STREET ADDRESS **23061 ADDISON LAKES CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL. 33433**

TITLE ☐ **Delete**
NAME **FRIEND, CHARLES A.**
STREET ADDRESS **23061 ADDISON LAKES CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL. 33433-6863**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. FRIEND

4/9/03 561-482-6002
Date Daytime Phone #

CR2E034 (10/02)