2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR F68968



FILED Feb 24, 2003 8:00 am Secretary of State

DOCUMENT # 02-24-2003 90957 046 ***150.00 1. Entity Name CHARLES INVESTMENTS, INC. Principal Place of Business Mailing Address 6910 RVER BIRCH CT 6910 RVER BIRCH CT **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2188242 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLMAN, JEFFRY Street Address (P.O. Box Number is Not Acceptable) 7800 RED RD., SUITE 115 SO. MIAMI FL 33143 City Zip Code 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 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HELD. MICHAEL NAME NAME 4105 TOLOWA ST. STREET ADDRESS STREET ADDRESS SAN DIEGO CA CITY-ST-ZIP CITY-ST-ZIP **DPS** TITLE ☐ Delete TITLE Change ___ Addition GOLDSTEIN, SUSAN HELD NAME NAME 6910 RIVER BIRCH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete AID, Lattray Than 1000 Chan 1000 Chadwet Rd. TITLE Change ☐ Addition HELD, JEFFREY A. NAME NAME STREET ADDRESS 523 S SHARP ST STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21201** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attraction of the corporation of the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR