2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90111 035 ***158.75

DOCUMENT # J64970

1. Entity Name:
CHARTER ONE NETWORK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 915797 LONGWOOD FL 32791-5797	P.O. BOX 915797 LONGWOOD FL 32791-5797

DO NOT WRITE IN THIS SPACE

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 59-2800180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, BILLY G.
221 ROYAL OAKS CIRCLE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name JENKINS, CAROLYN A.
Street Address (P.O. Box Number is Not Acceptable)
2121 PALM CREST DR.
City APOPKA FL Zip Code 32712

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 ~~BB~~ CAROLYN A JENKINS Carolyn A Jenkins DATE 4/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENKINS, CAROLYN A. 221 ROYAL OAKS CIRCLE LONGWOOD FL	☐ Delete	PD JENKINS, CAROLYN A. 2121 PALM CREST DR APOPKA, FL 32712	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JENKINS, BILLY GENE 221 ROYAL OAKS CIRCLE LONGWOOD FL	☐ Delete	STD JENKINS, BILLY G 2121 PALM CREST DR. APOPKA, FL 32712	☒ Change	☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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: Carolyn A Jenkins CAROLYN A JENKINS 4/30/00 P.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #