2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90116 025 ***150.00

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

60020026

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1202 N INDIES CIR.	1202 - N INDIES CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE, FL	City & State: VENICE, FL
Zip: 34292 / Country: SARASOTA	Zip: 34292 / Country: SARASOTA

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	7. Name and Address of New Registered Agent
JENKINS, CAROLYN A 2121 PALM CREST DR APOPKA FL 32712	Name: CAROLYN A. JENKINS Street Address (P.O. Box Number is Not Acceptable): 1202 N INDIES CIRCLE City: VENICE FL Zip Code: 34292

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: Carolyn A Jenkins CAROLYN A. JENKINS 4/12/03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENKINS, CAROLYN A. 2121 PALM CREST DR APOPKA FL 32712 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENKINS CAROLYN 1202 N INDIES CIRCLE VENICE, FL 34292 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JENKINS, BILLY GENE 2121 PALM CREST DR APOPKA FL 32712 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JENKINS, BILLY 1202 N INDIES CIRCLE VENICE, FL 34292 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carolyn A Jenkins CAROLYN A JENKINS 4/12/03 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)