

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90135 017 \*\*\*150.00

**DOCUMENT # J73688**

1. Entity Name

**CHARWOOD CORPORATION**

Principal Place of Business

1630 MCCALL ROAD  
 ENGLEWOOD FL 34223  
 US

Mailing Address

9300 PINE COVE DR  
 ENGLEWOOD FL 34224-8979  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1211219**

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

**COLLOM, PAUL**  
**3320 BOURBON ST**  
**ENGLEWOOD FL 34224**

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	COLLOM, PAUL	3320 BOURBON ST	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	LUSSENDEN, ROBERT L.	2888 PINE COVE DR	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JEAN, ALFRED	29950 W. 12 MILE RD.	FARMINGTON HILLS MI	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	LARSON, HAROLD A.	37899 TWELVE MILE RD STE #300	FARMINGTON HILLS MI 48331-3026	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TDP	RUSSELL, ROY J.	127 ROMINE CIRCLE	BALLWIN MO 63011	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Robert L. Lussenden* **ROBERT L. LUSSENDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-697-3468

2-8-00

CR2E034 (9/99)