

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90026 012 \*\*\*\*61.25

0070671

**DOCUMENT # N37189**

1. Entity Name

**CHARLOTTE HARBORWATCH INC.**

Principal Place of Business

Mailing Address

%HAROLD R DEJAGER  
 2101 BAYOU ROAD  
 PUNTA GORDA FL 33950

%HAROLD R DEJAGER  
 2101 BAYOU ROAD  
 PUNTA GORDA FL 33950

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0191261**

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

**DEJAGER, HAROLD R**  
**2101 BAYOU ROAD**  
**PUNTA GORDA FL 33950**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD  Delete  
 NAME: CAMERON, DONALD  
 STREET ADDRESS: 853 B MECCA DR  
 CITY-ST-ZIP: SARASOTA FL 34234

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: SD  Delete  
 NAME: LYNCH, ROBERT  
 STREET ADDRESS: 245 LIDO DRIVE  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: TD  Delete  
 NAME: DEJAGER, HAROLD R  
 STREET ADDRESS: 2101 BAYOU ROAD  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: PD  Delete  
 NAME: BOSSMAN, BRENDA  
 STREET ADDRESS: 2424 PLACIDA RD #303D  
 CITY-ST-ZIP: ENGLEWOOD FL 34224

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 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 617, 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: *Harold R DeJager*

05-08-01

CR2E037 (10/00)