

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


PENDING
02-17-2004 90032 020 ***300.00
FILED P00000087453

04 MAR -3 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

94017231

DOCUMENT # P00000087453
1. Entry Name
CHARLIE & SONS INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1860 PRIMROSE LANE
Suite, Apt. #, etc.

3. Mailing Address
1860 PRIMROSE LANE
Suite, Apt. #, etc.

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

City & State: WELLINGTON, FL
Zip: 33414, Country: USA

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Zip: 33414, Country: USA

4. FEI Number: 65-1043007
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CHARLES J DIBELLA
Street Address (P.O. Box Number is Not Acceptable): 1860 PRIMROSE LANE
City: WELLINGTON, FL, Zip Code: 33414

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent if and where applicable (NOTE: Registered Agent signature not used when re-appointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLES J DIBELLA 1860 PRIMROSE LANE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500029814425 03/03/04 01043 004 ***600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KAREN E DIBELLA 1860 PRIMROSE LANE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES BRANDENSTEIN P O BOX 211233 ROYAL PALM BEACH, FL 33421	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles J Di Bella 021104 561-722-6980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)