2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE

Apr 29, 2002 8:00 am Secretary of State P96000007710 DOCUMENT # 1. Entity Name 04-29-2002 90098 023 ***150.00 ANTHONY CHARLES, INC. Mailing Address Principal Place of Business 16520 S. TAMIAMI TRAIL 16520 S. TAMIAMI TRAIL STE. A-20 STE. A-20 FORT MYERS FL 33908-4521 FORT, MYER\$ FL 33908-4521 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0635972 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - - - -⇒ ⇒ = -7. Name and Address of New Registered Agent NAV'K JUNEMARIE M Street Address (P.O. Box Number is Not Acceptable) 6893 HIGHLAND PARK CIRCLE FORT MYERS FL 33912-5318 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE **PMD** TITLE NAME NAME NAVY, ANTHONY C 6893 HIGHLAND PARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912-5318 Change ☐ Addition Delete TITLE TITLE VSTD NAME NAVY, JUNEMARIE M NAME STREET ADDRESS STREET ADDRESS 6893 HIGHLAND PARK CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912-5318 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED