

2000 UNIFORM BUSINESS REPORT (UBR)

* 2/20/00-90044-048-\$150.00-\$150.00

DOCUMENT # P97000074789

1. Entity Name **Charlie's Wallcovering, Inc.**
CHARLIE GANT WALLPAPERING SERVICE, INC.
~~CHARLIE'S WALLCOVERING, INC.~~

FILED

00 MAY -1 PM 3:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 27653 RIVERDALE LN 27653 RIVERDALE LN
 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134-0038

2. Principal Place of Business 3. Mailing Address
27961 MILLER ROAD **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BONITA SPGS, FL.
 Zip Country Zip Country
34135 **LEE**

4. FEI Number **59-3465540** 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

GANT, CHARLIE P
 1100 TURTLE CREEK DR. #1033 **27961 MILLER ROAD**
 NAPLES FL 34110 **BONITA SPRINGS, FL**
34135

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 file 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GANT, CHARLIE P	27653 RIVERDALE LN	BONITA SPRINGS FL 34134	<input type="checkbox"/>
		27961 MILLER ROAD	BONITA SPGS 34135	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 title empowered.

SIGNATURE: **Charlie P. Gant**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

941-948-0486

Date

Daytime Phone #

Spay 5/17/00

CR20034 (9/99)