

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90460 019 ****61.25

DOCUMENT # 760112

1. Entity Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.



Principal Place of Business
**1225 TAMiami TRAIL
UNIT A-1
PORT CHARLOTTE FL 33953
US**

Mailing Address
**1225 TAMiami TRAIL
UNIT A-1
PORT CHARLOTTE FL 33953
US**

90038732



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2473472**

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

**EPPERLY, EDWARD
1225 TAMiami TR B11
PT CHARLOTTE FL 33953**

Name

ED HANSEN

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

1225 TAMiami TR, A-1

City

PT Charlotte

FL

Zip Code

33952

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

ED Hansen

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

(NOTE: Registered Agent signature required when reinstating)

2/27/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| PD | HANSEN, ED | 1225 TAMiami TRAIL, A-1 | PT CHARLOTTE FL | <input type="checkbox"/> | <input type="checkbox"/> |
| VPD | VALENTI, VINCENT | 1225 TAMiami TRAIL A-2 | PORT CHARLOTTE FL 33953 | <input type="checkbox"/> | <input type="checkbox"/> |
| ST | WHALEY, KIPP | 1225 TAMiami TRAIL B-20 | PORT CHARLOTTE FL 33953 | <input type="checkbox"/> | <input type="checkbox"/> |
| TT | MYERS, TERRY | 1225 TAMiami TRAIL A-5 | PORT CHARLOTTE FL 33953 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

ED Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 941-627-9899

CR2E037 (10/02)