

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90174 007 ***150.00

DOCUMENT # 299242

1. Entity Name
CHARLOTTE INVESTMENT CO INC



Principal Place of Business
**72 S.E. AVENUE E.
P O BOX 1390
BELLE GLADE FL 33430**

Mailing Address
**72 S.E. AVENUE E.
P O BOX 1390
BELLE GLADE FL 33430**



2. Principal Place of Business
**1324 South Main St.
Belle Glade FL
City & State**

3. Mailing Address
**1324 South Main St.
Suite, Apt. #, etc.
Belle Glade FL
City & State**

☐ CHECK HERE IF MAKING CHANGES

Zip **33430** Country **Palm Beach**

Zip **33430** Country **Palm Beach**

4. FEI Number **59-1202471** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**THOMPSON, CURTIS
72 S.E. AVENUE E
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent
Name **HILL, H.E.**
Street Address (P.O. Box Number is Not Acceptable) **1324 S. Main Street**
City **Belle Glade** FL Zip Code **33430**

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 **H.E. Hill PD H.E. Hill P.D.** DATE **3-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD BUSSEY, ROBERT W. 9860 HONEYSUCKLE AV PALM BCH GARDENS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, CURTIS A 72 EAST AVE E BELLE GLADE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOKER, ROBERT M 628 NW AVE L BELLE GLADE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, H.E. 1324 South Main Street Belle Glade FL 33430-4914 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Calvin D. Alston 1324 S. Main Street Belle Glade FL 33430 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Barbara H. Alston 1324 South Main Street Belle Glade FL 33430 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Calvin D. Alston 1324 South Main Street Belle Glade FL 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Barbara H. Alston 1324 South Main Street Belle Glade FL 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **SIGNATURE OF ROBERT HILL** DATE **3/11/03** DAYTIME PHONE # **561-722-3049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0397019 AV

CR2E034 (10/02)