2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # 521924 1. Entity Name					Feb 03, 2002 8:00 am Secretary of State			
CHARLES A. STOKES, SC. D. INC.					02-03-2002 90027			
Principal Place of Business CHARLES A. STOKES 2935 KINGFISH RD NAPLES FL 34162 Naples, Florida 34110-7082 (941) 596-1790								
2. Principal Place of Business		3. Mailing Address			4 1884 EU OTION TIBUT TIBUT INTO 1818 TIBUT AND 1818 UTAN	I BIBII ÇIBII BIBII BI	8 4 4 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE.				
City & State		City & State		4. FEI	Number 59-1721125		plied For t Applicable	
Zip	Country	Zip	Country	5. Ce	rtificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Registered Agent Name				me and Address of New Registers	d Agent		
STOKES, CHARLES A. STOKES TNC				Address (P.O. Box Number is Not Acceptable)				
2355 KINGFISH ROAD NAPLES FL 34102 Naples, Florida 34110-7082			and the second s					
	(941)	596-1790	City City	April 1 1 min	i i i	Zip Code	3	
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Signatury, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing								
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND D		12.	ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME	PD CHAR STOKES, CHARLES ALOO1 Arbor	LES A. STOKESete	TITLE NAME			☐ Change	Addition]	
	2355 KINGFISH ROAD Naples, I	lorida 34110-7082	STREET ADDRESS CITY-ST-ZIP					
	SD CH	1) 596-1790 ARLES A STARRES				☐ Change	☐ Addition	
NAME STREET ADDRESS	SD CHARLES A. STOKES		* NAME STREET ADDRESS	-				
CITY-ST-ŽIP	NAPLES FL (941) 598-1790	CITY-ST-ZIP		·			
TITLE NAME		T.L. Delete	TITLE NAME:			Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		□. Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME 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.								