

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 643998

1. Entity Name

CHARLOTTE DIVERSIFIED, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90562 010 \*\*\*150.00

Principal Place of Business

1625 W. MARION AVENUE, SUITE 2  
PUNTA GORDA FL 33950

Mailing Address

1625 W. MARION AVENUE, SUITE 2  
PUNTA GORDA FL 33950-5200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1962766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E., III  
1625 W. MARION AVENUE, SUITE 2  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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 title 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
D	RIZZON, JEAN-CLAUDE	RTE DE BRIEY, 57-A60 CHA	ST GERMAIN, FRANCE 00000	<input type="checkbox"/>
P	RIZZON, CLAUDE	RTE DE BRIEY, 57-A60 CHA	ST GERMAIN, FRANCE 00000	<input type="checkbox"/>
ST	RIZZON, JEAN-CLAUDE	RTE DE BRIEY, 57-A60	ST GERMAIN, FRANCE 00000	<input type="checkbox"/>
RTE	RIZZON, CLAUDE D	DE BRIEY, 57-A60 CHAT	ST GERMAIN, FRANCE 00000	<input type="checkbox"/>
VP	MOORE, JAMES E III	1625 W. MARION AVE., #2	PUNTA GORDA, FL 00000	<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"/>
				<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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)