

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91175 026 ***150.00

DOCUMENT # 643998

1. Entity Name

CHARLOTTE DIVERSIFIED, INC.

Principal Place of Business

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

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

Name

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

City

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 re-issuing)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	RIZZON, JEAN-CLAUDE	
STREET ADDRESS	RTE DE BRIEY, 57-A60 CHA	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIZZON, CLAUDE	
STREET ADDRESS	RTE DE BRIEY, 57-A60 CHA	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIZZON, JEAN-CLAUDE	
STREET ADDRESS	RTE DE BRIEY, 57-A60	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	RTE	<input type="checkbox"/> Delete
NAME	RIZZON, CLAUDE D	
STREET ADDRESS	DE BRIEY, 57-A60 CHAT	
CITY-ST-ZIP	ST GERMAIN, FRANCE 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, JAMES E III	
STREET ADDRESS	1625 W. MARION AVE., #2	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

941 632 1955

Daytime Phone #

CR2E034 (10/00)