

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90092 044 ****70.00

DOCUMENT # 709679

1. Entity Name
CHARMETTES, INC.

Principal Place of Business 4299 NW 16TH ST #301-A LAUDERHILL FL 33313 US	Mailing Address 4299 NW 16TH ST #301-A LAUDERHILL FL 33313-5823 US
---	--

2. Principal Place of Business 8910 N.W. 4th PLACE	3. Mailing Address 8910 N.W. 4th PLACE
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State GAINESVILLE, FL 32607	City & State GAINESVILLE FL 32607
---------------------------------------	--------------------------------------

Zip 32607	Country US	Zip 32607	Country US
--------------	---------------	--------------	---------------



DO NOT WRITE IN THIS SPACE

4. FEI Number 60-7096790	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent
MARTIN, LAURA
 4299 NW 16TH ST
 #301-A
 LAUDERHILL FL 33313

7. Name and Address of New Registered Agent
 Name
SYNESTER JONES
 Street Address (P.O. Box Number is Not Acceptable)
8910 N. W. 4th PLACE
 City
GAINESVILLE 32607 FL Zip Code
9

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 *Synester Jones*
SYNESTER JONES EXECUTIVE DIRECTOR **MAY 8 00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GWENDOLYN M 3502 - 38TH AVENUE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALKER, JOYCE 4301 23RD PARKWAY, #1113 TEMPLE HILLS MD 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDS, JACQUELINE 3509 RIVER GROVE DRIVE TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUGABOOK, ANN B 1407 SHELL FLOWER DRIVE BRANDON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LARUA B 4299 NW 16TH ST., #301- LAUDERHILL FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VICTORIA ELLIS 32310 2504 LINDSEY CT TALLAHASSEE FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYNESTER JONES 8910 N.W. 4th PLACE GAINESVILLE, FL 32607 <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 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: *ANN HAUGABOOK* **ANN HAUGABOOK** **May 8, 2000 (813) 684-7879**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)