

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90023 023 ****70.00

DOCUMENT # 709679

1. Entity Name

CHARMETTES, INC.

Principal Place of Business

8910 NW 4TH PL
 GAINESVILLE FL 32607
 US

Mailing Address

8910 NW 4TH PL
 #301-A
 GAINESVILLE FL 32607
 US

2. Principal Place of Business

3. Mailing Address

8910 NW 4th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

4. FEI Number

60-7096790

Applied For

Not Applicable

Zip

Country

32607

Country

USA

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

JONES, SYNESTER
 8910 NW. 4TH PL
 GAINESVILLE FL 32607

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD Ellis, Victoria	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2504 Lindsey Court	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Jones, Synester P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8910 NW 4th Place	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Synester P. Jones 1/31/01 (352) 332-0278
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000478

CR2E037 (10/00)