## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # 712761 1. Entity Name CHARLOTTE HARBOR FLOTILLA, INC. 05-15-2002 90125 043 \*\*\*\*61.25 Principal Place of Business Mailing Address CHARLOTTE HARBOR FLOTILLA INC CHARLOTTLE HARBOR FLOTILLA INC PO BOX 2182 PO BOX 2182 DOF--PORT CHARLOTTE FL 33949 PORT CHARLOTTE FL 33949 US HS 2. Principal Place of Business 3. Mailing Address Box 49419 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6215574 ORT CHARL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired CHARLOTTE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH BERTRAM Street:Address:(P.O.:Box:Number.is:Not-Acceptable) RHEA ALBERT E 391 YEAGER ST 4 E. TARPON BLYD PORT CHARLOTTE FL 33954 PORT CHARLOTTE 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 DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 في Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE TITI F Change Delete ☐ Addition NAME RHEA, ALBERT E KENNETH BERTRAM NAME STREET ADDRESS 474 ETARPON BLUD **CR2E037** STREET ADDRESS 391 YEAGER ST CITY-ST-7IP CITY-ST-7IP PORT CHARLOTTE FL PORT CHARLOTTE FL 33954 VPD TITLE Delete TITLE Addition BERTRAM, KENNETH NAME NAME MORAN COXON 18411 MEYER AVE STREET ADDRESS STREET ADDRESS **474 E TARPON BLVD** CITY-ST-ZIP CITY-ST-ZIP " PORT CHAR LOTTE PORT CHARLOTTE FL 33952 Delete K Change ☐ Addition -TITLE TITLE BALSWIN, MELISSA MARY ANNE WASHABAUGH NAME NAME STREET ADDRESS STREET ADORESS 1133 BAL HARBOR BLVD 125 BALDWIN CT SE CITY-ST-ZIP CITY-ST-ZIE PUNTA GORDA FL 33950 PORT CHARLOTTE FL 33952 ☐ Addition TITLE TITLE Delete **Change** ALBERT E. RHEA 391 YEAGER ST NAME WASHABAUGH, MARY ANNE NAME STREET ADDRESS STREET ADDRESS 125 BALDWIN CT SE CITY-ST-ZIP CITY-ST-ZIP PORTCHAR LOTTE FL 33954 PORT CHARLOTTE FL 33952 TITLE Z Delete Change TITLE ☐ Addition NAME seiler. William N NAME STREET ADDRESS STREET ADDRÉSS 1099 ARCHER ST CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #