

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846282

1. Entity Name

CHARLESTON DELAWARE CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90951 032 \*\*\*150.00

100894

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
1152 Lake Clarke Dr.      P.O. Box 6459  
West Palm Beach, FL      West Palm Beach, FL  
33406-      33406-6459  
USA      USA

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      Applied For  
59-1920786      Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

Hufty, John A.  
1152 Lake Clarke Dr.  
West Palm Beach, FL 33406

## 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 |                           |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|---------------------------|---------------------------------|---|--|---|
| TITLE                      | PTD                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Hufty, John A.            |                                 | NAME  |  |   |
| STREET ADDRESS             | 1152 Lake Clarke Dr.      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | West Palm Beach, FL 33406 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | VXD5                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Hufty, Donna Jean         |                                 | NAME  |  |   |
| STREET ADDRESS             | P.O. 6459 N/A             |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | West Palm Beach, FL 33406 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | 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: John A. Hufty      *John A. Hufty*      4/25/00      561-547-3156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)