

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90023 001 ***158.75

DOCUMENT # F93000003305

1. Entity Name

CHARTER EXPRESS, INC.

Principal Place of Business

Mailing Address

C/O CARL REAGAN
 8418 TALLMADGE ROAD
 RAVENNA OH 44266

C/O CARL REAGAN
 8418 TALLMADGE ROAD
 RAVENNA OH 44266-9242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1096795

Applied For

Not Applied For

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

REAGAN, LORRAINE

5961 N.W. 2ND AVENUE PH-K NEW STREET ADDRESS: BOCA RATON FL 33487

Name

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

5910 N.W. 2ND AVENUE

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 Delete
 NAME **D REAGAN, CARL**
 STREET ADDRESS **5961 NW 2ND AVE PH-K**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Additi
 NAME **D REAGAN, CARL**
 STREET ADDRESS **5910 N.W. 2ND AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete
 NAME **PD REAGAN, LORRAINE**
 STREET ADDRESS **5961 N.W. 2ND AVENUE PH-K**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Additi
 NAME **PD REAGAN, LORRAINE**
 STREET ADDRESS **5910 N.W. 2ND AVENUE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete

TITLE Change Additi

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine Reagan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

330-654
 5911