

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000003305**

1. Entity Name

CHARTER EXPRESS, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90023 001 ***158.75

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

Zip

Country

Zip

Country

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: 5910 N.W. 2ND AVENUE
BOCA RATON FL 33487**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	REAGAN, CARL	NAME	REAGAN, CARL
STREET ADDRESS	5961 NW 2ND AVE PH-K	STREET ADDRESS	5910 N.W. 2ND AVENUE
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	BOCA RATON FL 33487
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	PD	TITLE	PD
NAME	REAGAN, LORRAINE	NAME	REAGAN, LORRAINE
STREET ADDRESS	5961 N.W. 2ND AVENUE PH-K	STREET ADDRESS	5910 N.W. 2ND AVENUE
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	BOCA RATON FL 33487
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #