

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90182 023 ***150.00

DOCUMENT # F95000000332

1. Entity Name

C & R CHARTERS, INC.

Principal Place of Business

Mailing Address

1313 N MARKET ST
ST #3410
WILMINGTON DE 19801-150
US

1313 N MARKET ST
ST #3410
WILMINGTON DE 19801-6101
US

2. Principal Place of Business

1013 CENTRE RD.

Suite, Apt. #, etc.

SUITE 301

City & State

WILMINGTON DE

Zip

19805

Country

US

3. Mailing Address

1013 CENTRE RD

Suite, Apt. #, etc.

SUITE 301

City & State

WILMINGTON, DE

Zip

19805

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1431788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

7. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE,

FL

Zip Code

32301

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

ON FILE

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

TITLE ☐ Delete

NAME **P SANDERS, R W**
STREET ADDRESS **8 E. SPRUCEWOOD DR.**
CITY-ST-ZIP **SANDUSKY OH**

TITLE ☐ Delete

NAME **V SANDERS, C A**
STREET ADDRESS **8 E. SPRUCEWOOD DR.**
CITY-ST-ZIP **SANDUSKY OH**

TITLE ☐ Delete

NAME **CDS SANDERS, CHARLENE**
STREET ADDRESS **8 E. SPRUCEWOOD DR.**
CITY-ST-ZIP **SANDUSKY OH**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
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:

Charlene A. Sanders Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-00

Daytime Phone #

941/995-7009

CHARLENE A. SANDERS