

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90073 025 \*\*\*150.00

**DOCUMENT # F96000006786**

1. Entity Name  
**SUZAN CHARTERS, INC. OF DELAWARE**

Principal Place of Business <b>2800 SE MARKET PLACE          STUART FL 34997          US</b>	Mailing Address <b>2800 SE MARKET PLACE          STUART FL 34997-4965          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6794 SE Isle Way</b> Suite, Apt. #, etc.	3. Mailing Address <b>6794 SE Isle Way</b> Suite, Apt. #, etc.
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City & State <b>Stuart FL</b>	City & State <b>Stuart FL</b>	4. FEI Number <b>59-3315727</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34996</b>	Country <b>Martin</b>	Zip <b>34996</b>	Country <b>Martin</b>

6. Name and Address of Current Registered Agent <b>SELLIAN, EDWARD          2800 SE MARKET PLACE          STUART FL 34997</b>	7. Name and Address of New Registered Agent Name <b>Edward M Sellian</b> Street Address (P.O. Box Number is Not Acceptable) <b>6794 SE Isle Way</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34996</b>
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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: DATE: **4-7-2000**

Signature, typed or printed name of registered agent and filer, as applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CPT SELLIAN, EDWARD 2800 SE MARKET PLACE STUART FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPT Edward M Sellian 6794 SE Isle Way Stuart FL 34996</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOUGHTON, JEAN 2800 SE MARKET PLACE STUART FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

SIGNATURE: DATE: **4-7-2000**

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

CR2E034 (9/99)