

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90107 014 ***150.00

DOCUMENT # F96000006786

1. Entity Name

SUZAN CHARTERS, INC. OF DELAWARE

Principal Place of Business

6794 SE ISLE WAY
 STUART FL 34996
 US

Mailing Address

6794 SE ISLE WAY
 STUART FL 34996
 US

C0052437



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 **59-3315727**

Applied For

Not Applicable

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

SELLIAN, EDWARD M
6794 SE ISLE WAY
STUART FL 34996

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, 2001 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: **CPT SELLIAN, EDWARD M**
 STREET ADDRESS: **6794 SE ISLE WAY**
 CITY - ST - ZIP: **STUART FL 34996**

TITLE: Change Addition:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Delete
 NAME: **S HOUGHTON, JEAN**
 STREET ADDRESS: **2800 SE MARKET PLACE**
 CITY - ST - ZIP: **STUART FL**

TITLE: Change Addition:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: Delete
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 CITY - ST - ZIP:

TITLE: Change Addition:
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TITLE: Change Addition:
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY AND PHONE #

561-219-9771

CR2E034 (10/00)