

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G15570

1. Entity Name

CHARTER REAL ESTATE SERVICES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90053 043 ***150.00

Principal Place of Business

Mailing Address

312 E VENICE AVE
SUITE 101
VENICE FL 34292
US

312 E VENICE AVE
SUITE 101
VENICE FL 34292-2670
US

2. Principal Place of Business

3. Mailing Address

101 CAPRI ISLES BLVD

101 CAPRI ISLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 6

SUITE 6

City & State

City & State

VENICE FL

VENICE FL

Zip

Zip

34292

34292

Country

Country

SARASOTA

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAULRAPP-KEITH, JANICE
2131 MUSKOGEE TRAIL
NOKOMIS FL 34275

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAULRAPP-KEITH, JANICE	
STREET ADDRESS	2131 MUSKOGEE TRAIL	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

JANICE G. KEITH

Date

Daytime Phone #

1-7-00 (941) 484-2520



DO NOT WRITE IN THIS SPACE

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