

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0019662 AV

DOCUMENT # G95691

1. Entity Name

CHARLES "T" REALTY, INC.

04-02-2002 90859 046 ***150.00

Principal Place of Business

**1290 OCEAN SHORE BLVD.
 ORMOND BEACH FL 32176**

Mailing Address

**1290 OCEAN SHORE BLVD.
 ORMOND BEACH FL 32176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

36 SANDRA DR.

Suite, Apt. #, etc.

36 SANDRA DR.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

59-2399794

Applied For

Not Applicable

Zip

32176

Country

FLORIDA

Zip

32176

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOREY, ROBERT KIT ESQ
 595 W GRANADA BLVD
 SUITE-A
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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, 2002 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 **PSD** ☐ Delete
 NAME **THIFAU, CECILIA J.**
 STREET ADDRESS **36 SANDRA DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Delete
 NAME **THIFAU, CHARLES E**
 STREET ADDRESS **36 SANDRA DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

Cecilia J. Thifault
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02 386-441-1705
 Date Daytime Phone #

CR2E034 (9/01)