

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90085 033 ***150.00

DOCUMENT # H11477

1. Entity Name

CHARLOTTE SHARKEY REAL ESTATE, INC.

Principal Place of Business

**2460 METROCENTRE DR.
 WEST PALM BEACH FL 33407**

Mailing Address

**2460 METROCENTRE DR.
 WEST PALM BEACH FL 33407**

32257

2. Principal Place of Business

2460 METROCENTRE DR
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W Palm Bch FL

City & State

Same

4. FEI Number

59-2428108

Applied For
 Not Applicable

Zip
33407

Country

Palm Bch

Zip

Same

Country

Same

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

**GERST, SHELLEY FIXLER
 2460 METROCENTRE DR.
 WEST PALM BEACH FL 33407**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-02

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, 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 **PST** ☐ Delete
 NAME **FIXLER, SHELLEY**
 STREET ADDRESS **2000 PALM BEACH LAKES BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete
 NAME **FIXLER, SHELLEY**
 STREET ADDRESS **2000 PALM BEACH LAKES BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE ☐ Change ☐ Addition
 NAME
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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

Daytime Phone #

**4-03-02 561
 6904499**

CR2E034 (9/01)