

2001 UNIFORM BUSINESS REPORT (U

DOCUMENT # J30805

1. Entity Name

CHARLES INTERIORS, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90004 003 ***550.00

Principal Place of Business

4020 SE WHITCAR WAY
 STUART FL 34997
 US

Mailing Address

P O BOX 1396
 STUART FL 34995
 US

A0080448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4020 SE WHITCAR WAY

3. Mailing Address

4020 SE WHITCAR WAY

City & State

STUART FL

City & State

STUART FL

4. FEI Number

59-2722890

Applied For

Not Applicable

Zip

Country

34997

Zip

Country

34997

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNING, SHARALYN T
 4020 SE WHITCAR WAY
 STUART FL 34997

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 BROWNING, SHARALYN T.
 4020 WHITCAR WAY
 STUART FL 34997 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

Sharalyn T. Browning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01

Date

Daytime Phone #

CR2E034 (10/00)