

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 09, 2001 8:00 am**
Secretary of State

03-09-2001 90473 043 ***158.75

DOCUMENT # J81300

1. Entity Name

CHARLOTTE STATE BANK

Principal Place of Business

**1100 TAMiami TRAIL
PORT CHARLOTTE FL 33953**

Mailing Address

**1100 TAMiami TRAIL
PORT CHARLOTTE FL 33953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2664950**

Applied For

Not Applicable

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

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	WILSON, BRADLEY L.	119 PALMETTO CIRCLE	PT. CHARLOTTE FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CREWS, W. MARK	P.O. BOX 1400 N/A	ARCADIA FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	BROWN III, CHARLES G.	4856 WINTERHAVEN AVE.	SARASOTA FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SMITH, JAMES T.	413 W. ANN ST.	PUNTA GORDA FL 33952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
C	CREWS, J.W. JR.	P.O. BOX 248 N/A	WAUCHULA FL 33873	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	DE YOUNG, CRAIG H.	25225 NOCURN LANE	PORT CHARLOTTE FL 33983	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Bradley L. Wilson March 5, 2001 941-624-5400

Date

Daytime Phone #

CR2E034 (10/00)