

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90184 024 ***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

4. FEI Number **59-2664950**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeYoung, Craig H.	
STREET ADDRESS	1321 Aegean Ct.	
CITY-ST-ZIP	Port Charlotte, FL 33983	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Aloian	
STREET ADDRESS	2530 SIMMS BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Bradley L. Wilson

941-624-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)