

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90217 022 ***150.00

DOCUMENT # J92081

1. Entity Name
CHARLOTTE REALTY INC

Principal Place of Business
4456 TAMiami TRAIL. STE. L
PORT CHARLOTTE FL 33980

Mailing Address
4456 TAMiami TRAIL. STE. L
PORT CHARLOTTE FL 33980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4456 TAMiami TRAIL A9
 Suite, Apt. #, etc.
PORT CHARLOTTE FL. 33980
 City & State

3. Mailing Address
4456 TAMiami TRAIL A9
 Suite, Apt. #, etc.
PORT CHARLOTTE FL. 33980
 City & State

4. FEI Number **59-2844894**
 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
LENZNER, RICHARD W.
4456 TAMiami TRAIL
SUITE G
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent
 Name
LENZNER, RICHARD W.
 Street Address (P.O. Box Number is Not Acceptable)
4456 TAMiami TRAIL
SUITE A9
 City **PORT CHARLOTTE** FL Zip Code **33980**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LENZNER, RICHARD W. 915 NW SIDNEY TERRACE PT. CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **Richard W. Lenzner** **RICHARD W. LENZNER** - 4/22/02 - 94-627-9626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)