

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90053 047 \*\*\*158.75

**DOCUMENT # J94387**

1. Entity Name  
**CHARTER CONSTRUCTION ENTERPRISES, INC.**



Principal Place of Business  
**18310 SE RIDGEVIEW CT  
TEQUESTA FL 33469  
US**

Mailing Address  
**18310 SE RIDGEVIEW CT  
TEQUESTA FL 33469  
US**

2. Principal Place of Business

**8283 SE Sanctuary Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**8283 SE Sanctuary Dr.**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Hobe Sound, FL**  
Zip  
**33455**  
Country  
**MARTIN**

City & State  
**Hobe Sound, FL**  
Zip  
**33455**  
Country  
**MARTIN**

4. FEI Number  
**65-0026337**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, CHARLES  
8155 S.E. GOVERNORS WAY  
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name  
**Barry Taylor PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 EMT Indian Town Rd**  
**Suite 305**  
City  
**Jupiter** FL Zip Code  
**33469**

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 **Barry W. Taylor**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE  
**1/24/03**

**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  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**P** ☐ Delete  
NAME  
**NEU, CHARLES**  
STREET ADDRESS  
**8294 S.E. LAGOON DRIVE**  
CITY-ST-ZIP  
**HOBE SOUND FL 33455**

TITLE  
**VS** ☒ Delete  
NAME  
**NEU, MARIANNE**  
STREET ADDRESS  
**8294 S.E. LAGOON DRIVE**  
CITY-ST-ZIP  
**HOBE SOUND FL 33455**

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P VP Sec. TRES.** ☐ Change ☐ Addition  
NAME  
**New Charles**  
STREET ADDRESS  
**8283 SE Sanctuary Dr**  
CITY-ST-ZIP  
**Hobe Sound, FL 33455**

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

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

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

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

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

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: **Charles E. Neu** **1-24-03** **772 546 9619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)