

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08151

1. Entity Name:

CHARLES, MARGARET + CHERI, INC.

Amended

FILED

01 AUG 27 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17105 SAN CARLOS BOULEVARD
SUITE A-6
FORT MYERS BEACH FL
USA 33931

Mailing Address

SAME

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

65-0019104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARGARET RAUCHFUSS

Street Address (P.O. Box Number is Not Acceptable)

5939 SW 1ST AVE

City

CAPE CORAL FL

Zip Code

33914

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

Margaret Rauchfuss

8/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RAUCHFUSS MARGARET
17105 SAN CARLOS BLVD-SUITE
FT MYERS BEACH FL 33931 AG

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
CHERI CANAMUCIO
17105 SAN CARLOS BLVD SUITE AG
FT MYERS BEACH FL 33931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
300004527019--7
-08/29/01--01025--001
*****26.25 *****26.25

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004527019--7
-08/09/01--01050--010
*****35.00 *****35.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Margaret Rauchfuss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01

Date

941-466-8878

Daytime Phone #

CR2E034 (11/00)