FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24449  1. Entity Name CHARLES MEYER ENTERPRISES, INC.					Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90032 020 ***155.00		
Principal Place of Business 740 LAMBERT AVE FLAGLER BEACH FL 32136-3212		Mailing Address 740 LAMBERT AVE FLAGLER BEACH FL 32136-3212			t 5 8		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-2908761		oplied For
Zip	Country	Zip	Z p Country		Certificate of Status Desired	\$8.75 Add	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<u> </u>			Name				
	BERT AVE		Street Address		Box Number is Not Acceptable)		
FLAGLER BCH FL 32156							
			City			FL Zip Cod	ė
SIGNATURE	named entity submits this statement f Signature, typed or printed name of registered ager pration is eligible to satisfy its Intangible	nt and title if applicable. (NOTE	-	nature required when re	einstating) D/	NTE	
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be I to Fees
11. OFFICERS AND DIRECTORS			12.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MEYER, KATALIN 740 LAMBERT AVE FLAGLER BEACH FL	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	VPD MEYER, WILLIAM 740 LAMBERT AVE FLAGLER BEACH FL	☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	s		☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	s		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		☐ 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02386439-5905