

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000003982**

1. Entity Name

CHARTER CONTACT & SUPPLY, LLC

FILED

02 OCT -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

110 SW 250TH STREET
NEWBERRY FL 32669

Mailing Address

P.O. BOX 1318
NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

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

59-3715277

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAINOR, GERALD R
110 SW 250TH STREET
NEWBERRY FL 32669

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 \$50.00**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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RAYMOND G. FRESE
110 SW 250th St.
NEWBERRY, FL 32669

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Raymond G. Frese*SIGNATURE: *Raymond G. Frese*SIGNATURE: *Raymond G. Frese*

Date

Daytime Phone #

CR2E083 (4/02)