

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90009 021 \*\*\*\*50.00

**DOCUMENT # L01000016724**

1. Entity Name

**CHARLA M. BURCHETT, PLC**

Principal Place of Business

**46 N. WASHINGTON BLVD. #1  
SARASOTA FL 34236**

Mailing Address

**46 N. WASHINGTON BLVD. #1  
SARASOTA FL 34236**

2. Principal Place of Business

**621 N. WASHINGTON BLVD.**

3. Mailing Address

**621 N. WASHINGTON BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FLORIDA**

City & State

**SARASOTA, FLORIDA**

4. FEI Number

**65-1143227**

Applied For

Not Applicable

Zip

Country

**34236**

Zip

Country

**34236**

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

**PATTERSON, JOHN  
46 N. WASHINGTON BLVD. #1  
SARASOTA FL 34236**

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.

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM  
BURCHETT, CHARLA M.  
621 N. WASHINGTON BLVD.  
SARASOTA, FLORIDA 34236**

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:

*Charla M. Burchett*

(941) 951-1866

4/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)