

DOCUMENT # L76411
1. Entity Name
PARTICULAR PEOPLE CHARTERS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90047 035 ***150.00

Principal Place of Business
4620 GAIL BLVD
NAPLES FL 34104
US

Mailing Address
4620 GAIL BLVD
NAPLES FL 34104
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0205242
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WASSMER, ANITA
4620 GAIL BLVD
NAPLES FL 34104

7. Name and Address of New Registered Agent
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 *Anita Wassmer* DATE 1/6/01
(NOTE: Registered Agent signature required when changing agent)

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
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
PD WASSMER, LEONARD G. 4620 GAIL BLVD NAPLES FL 34104
S WASSMER, ANITA 4620 GAIL BLVD NAPLES FL 34104
T BRUNO, PRIMUS 18 BUCKINGHAM MANCHESTER CT
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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: *Anita Wassmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)