FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90017 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002

DOCUMENT # L76411

1. Entity Name

PARTICULAR PEOPLE CHARTERS, INC.

DO NOT WRITE IN THIS SPACE

427211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4620 GAIL BLVD	4620 GAIL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34104 Country: US	Zip: 34104 Country: US

4. FEI Number: 65-0205242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CLASP Inc.

Street Address (P.O. Box Number is Not Acceptable): 3001 Tamiami Trail N., 4th Floor

City: Naples FL Zip Code: 34103

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: By: CLASP Inc. Joel H. Schechter, President 2/5/02

Signature required and 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	WASSMER, LEONARD G.	NAME	
STREET ADDRESS	4620 GAIL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	WASSMER, ANITA	NAME	
STREET ADDRESS	4620 GAIL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	BRUNO, PRIMUS	NAME	
STREET ADDRESS	18 BUCKINGHAM	STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER, CT	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Leonard G. Wassmer

SIGNATURE: Leonard G. Wassmer President 3-12-02 941-793-3525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #