

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90181 028 ***150.00

DOCUMENT # L88810

1. Entity Name
CHARMILL, INC.

Principal Place of Business

**32 E NEW HAVEN AVE
 MELBOURNE FL 32901
 US**

Mailing Address

**393 PIPIT ST NE
 PALM BAY FL 32907
 US**

00000073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1580 Masters Rd NW

Suite, Apt. #, etc.

Palm Bay, FL

City & State

32907 USA

Zip

Country

3. Mailing Address

1580 Masters Rd NW

Suite, Apt. #, etc.

Palm Bay, FL

City & State

32907 USA

Zip

Country

4. FEI Number **59-3023313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, SHELDON P.
 315 E. MADISON ST.
 SUITE 920
 TAMPA FL 33602**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	SPENCER, LISA M.	
STREET ADDRESS	7401 SPRING HILL DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SPENCER, ROBERT C.	
STREET ADDRESS	7401 SPRING HILL DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1580 Masters Rd NW	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1580 Masters Rd NW	
CITY-ST-ZIP	Palm Bay, FL 32907	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lisa M. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

321-956-6667

Daytime Phone #

CR2E034 (10/00)