

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000270

1. Entity Name

HOMES BY CHARLES, L.C.

Principal Place of Business

644 WEDGEWOOD DR.
GULF SHORES AL 36542

Mailing Address

P.O. BOX 143
GULF SHORES AL 36547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 034 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3367777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMMANUEL, PATRICK G
30 S SPRING STREET
PENSACOLA FL 32501

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

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

TITLE NAME ☐ Delete

MEM
RUNELS, CHARLES
P O BOX 143 N/A
GULF SHORES AL 36547

TITLE NAME ☐ Delete

MEM
WILLIAMS, CHARLES M
P O BOX 10025 N/A
BIRMINGHAM AL 35202

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10. ADDITIONS/CHANGES

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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:

SIGNATURE REQUIRED

1-4-02

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

Date

Daytime Phone #

CR2E083 (9/01)

0046349