2000 UNIFORM BUSINESS REPORT (UBR)

| | | | | | 1 | | |
|--|--|--------------------------------|---------------|--|--|---|--|
| DOCUMENT # L9900000677 1. Entity Name | | | | | FILED | | |
| C-CHARTERS, L.L.C. | | | | | 00 JAN 24 | AH11:15 | |
| Principal Place of Business Mailing Address | | | | | <u> </u> | | |
| 3080 BLACKSHEAR AVENUE 3080 BLACKSHEAR AVEN PENSACOLA FL 32503 PENSACOLA FL 32503-41 | | | | SECRETARY OF STATE TALLAHASSEE. FLORIDA | | EE. FLORIDA | |
| | | | | | | In Ba nda 48 000 48 00 48 00 480 0 1 48 0 1 48 0 | |
| O Dississi Dissa & Dississa | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | | / | |
| Suite, Apt. #, etc. Suite, Apt. #, et | | | | | DO NOT WRITE IN THIS SPACE | | |
| City & State City & State | | | | | 4. FEI Number 59-3555793 | Applied For | |
| Zip Country | | Zip Country | | ry | 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Ro | gistered Agent | |
| Name | | | | | and the state of t | | |
| CONKLE, DAVID M 3080 BLACKSHEAR AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| PENSACOLA FL 32503 | | | Ī | | | | |
| | | | ļ | City | · | Zip Code | |
| 8. The above | named entity submits this statement fo | or the purpose of changing its | registere | d office or register | red agent, or both, in the State of Floa | ida. | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTI | E: Registered | Agent signature required | when reinstating) | DATE | |
| | | FILE NO Make Check Pa | | EE IS \$50.00 Department of | f State | | |
| 9. | MANAGING MEMB | ERS/MEMBERS | 10. | | ADDITIONS/ | CHANGES | |
| TITLE | MGRM | . Delete | TITLE | į. | | Change | |
| NAME STREET ADDRESS | CONKLE, DAVID M 3080 BLACKSHEAR AVENUE | | NAME STREE | T ADDRESS | 40000031 | 196344 | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | | CITY- | ST-ZIP | -U2/U1/I *****5(| 0001130022 | |
| TITLE NAME | \ | Delete | TITLE | | <u>ምምምምም</u> | 1.00 www. | |
| STREET ADDRESS | | | ı | T ADDRESS | | | |
| CITY- ST- ZIP | | | | #T-ZIP | | Channa | |
| TITLE . NAME | • • • • • • • • • • • • • • • • • • • | Delete | . NAME | - | The second of th | C Avenille | |
| STREET ADDRESS | | | | T ADDRESS ET-ZIP | | | |
| CITY- 87- ZIP | | | TITLE | at-zar | / \\\\ | ☐ Changa ☐ Addition | |
| NAMÉ | | | MAME | 1 | IN | _ | |
| STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS ST- ZIP | \sim 0 | | |
| TETLE | | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | - 1 n | | NAME | T ADDRESS | | | |
| CITY- 21- ZIP | , | | | 87-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | · | ☐ Change ☐ Addition | |
| MANY STREET ADDRESS | | | NAME Stree | T AODRESS | | | |
| CITY-81-ZIP | | | | BT- ZIP | | | |
| indicatéd | pertify that the information supplied with on this report is true and accurate and bility company or the receiver or truster | that my signature shall have: | the same | legal effect as if m | nade under oath: that I am a managi | further certify that the information ng member or manager of the | |
| into a fig | and the state of t | | | | | | |