

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90166 042 ***150.00

DOCUMENT # M93195

1. Entity Name
CHARMAR RESTAURANTS, INC.



Principal Place of Business
**570 SOUTH ELLIS RD
STE 200
JACKSONVILLE FL 32254**

Mailing Address
**% ARNOLD H. SLOTT
334 E. DUVAL ST.
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2901578**

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

**SLOTT, ARNOLD H.
334 E. DUVAL ST.
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
HEUGEL, CHARLES H
PO BOX 60847
JACKSONVILLE FL 32236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HEUGEL, MARGIE LEE
PO BOX 60847
JACKSONVILLE FL 32236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Heugel

Date

Daytime Phone #

CR2E034 (10/02)

SLOTT & BARKER
ATTORNEYS AT LAW

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202-2718
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

ARNOLD H. SLOTT, P.A.
E-mail: ahsloott@bellsouth.net

EARL M. BARKER, JR., P.A.
Board Certified Civil Trial Attorney
E-mail: embarker@bellsouth.net

March 7, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Charmar Restaurants, Inc.
Document # M93195

Ladies and Gentlemen:

I enclose the following:

- (a) Original signed 2003 Uniform Business Report;
- (b) Charmar Restaurants, Inc.'s check no. 022985, payable to the Florida Department of State in the amount of \$150.00 to cover your fee for filing the annual report.

If you have any questions, please contact our office.

Very truly yours,

Carol Anne Hallam

Carol-Anne Hallam, CLA
Certified Legal Assistant

cah

Enclosures

cc: Mr. Charles H. Heugel