

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001774

1. Entity Name

THE CHARIS CORPORATION, INC.

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90094 029 \*\*\*\*70.00

Principal Place of Business

1232 SQUIRREL LANE SOUTH  
 JACKSONVILLE FL 32218

Mailing Address

1232 SQUIRREL LANE SOUTH  
 JACKSONVILLE FL 32218

2. Principal Place of Business

6611 Ramona Blvd.

3. Mailing Address

PO Box 77298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32205

Country

Duval

Zip

32226

Country

Duval

4. FEI Number

59-3706455

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIELDS, LOUIS J JR.  
 1232 SQUIRREL LANE SOUTH  
 JACKSONVILLE FL 32218

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 \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE PCEO  
 NAME FIELDS, LOUIS J JR.  
 STREET ADDRESS 1232 SQUIRREL LANE SOUTH  
 CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE VD  
 NAME FIELDS, LISA L  
 STREET ADDRESS 1232 SQUIRREL LANE SOUTH  
 CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE SD  
 NAME STAMPER, VIVE  
 STREET ADDRESS 1232 SQUIRREL LANE SOUTH  
 CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE TD  
 NAME KIGHT, JERALD D  
 STREET ADDRESS 1232 SQUIRREL LANE SOUTH  
 CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D  
 NAME FIELDS, LOUIS J JR.  
 STREET ADDRESS 1232 SQUIRREL LANE SOUTH  
 CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
 NAME  
 STREET ADDRESS 8368 Lenox Ave.  
 CITY-ST-ZIP Jacksonville, FL 32221 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 1968 Yellowjacket Dr  
 CITY-ST-ZIP Callahan, FL 32011 ☒ Change ☐ Addition

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

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 617, 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 Required Fields - President 4-11-02 (904)693-4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)