

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25027

1. Entity Name

CHARLOTTE PORCELAIN ARTISTS, INC.

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90055 017 \*\*\*\*61.25

C0018034



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1315 AEGEAN COURT  
PORT CHARLOTTE FL 33983

Mailing Address

1315 AEGEAN COURT  
PORT CHARLOTTE FL 33983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2106573

Applied For

Not Applicable

Zip Country Zip Country

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

DEARLOVE, MARION  
1315 AEGEAN COURT  
PORT CHARLOTTE FL 33983

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME BOULANGER, CAROL  
STREET ADDRESS 216 CORUMBA ST  
CITY-ST-ZIP PT CHARLOTTE FL 33983 ☐ Delete

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

TITLE SD  
NAME DAVIS, BETTY  
STREET ADDRESS 14520 ARMADO STREET  
CITY-ST-ZIP PORT CHARLOTTE FL ☒ Delete

TITLE SD  
NAME Wells, Claire  
STREET ADDRESS 557 Magnolia Av  
CITY-ST-ZIP Port Charlotte, FL 33952 ☒ Change ☐ Addition

TITLE TD  
NAME DEARLOVE, MARION  
STREET ADDRESS 1315 AEGEAN COURT  
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

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

TITLE DP  
NAME SEIER, FLORENCE  
STREET ADDRESS 76 MCCABE ST  
CITY-ST-ZIP PT CHARLOTTE FL 33953 ☒ Delete

TITLE DP  
NAME Radabaugh, Ella  
STREET ADDRESS 22364 Nyack Av.  
CITY-ST-ZIP Port Charlotte, FL 33952 ☒ 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 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*

Feb 2, 2001

941-627-3195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)