

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25027

1. Entity Name

CHARLOTTE PORCELAIN ARTISTS, INC.

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

Zip

Country

Zip

Country

4. FEI Number 59-2106573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEARLOVE, MARION
1315 AEGEAN COURT
PORT CHARLOTTE FL 33983

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

TITLE SD
NAME WELLS, CLAIRE
STREET ADDRESS 557 MAGNOLIA AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE DP
NAME RADABAUGH, ELLA
STREET ADDRESS 22364 NYACK AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Marion Dearlove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-14-2002 90056 045 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

1/6/02 941-627-3195