

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N37189**

1. Entity Name

CHARLOTTE HARBORWATCH INC.

Principal Place of Business

**%HAROLD R DEJAGER
2101 BAYOU ROAD
PUNTA GORDA FL 33950**

Mailing Address

**%HAROLD R DEJAGER
2101 BAYOU ROAD
PUNTA GORDA FL 33950**

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

65-0191261

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEJAGER, HAROLD R
2101 BAYOU ROAD
PUNTA GORDA FL 33950**

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	VPD	<input type="checkbox"/> Delete
NAME	CAMERON, DONALD	
STREET ADDRESS	853 B MECCA DR	
CITY-ST-ZIP	SARASOTA FL 34234	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LYNCH, ROBERT	
STREET ADDRESS	245 LIDO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DEJAGER, HAROLD R	
STREET ADDRESS	2101 BAYOU ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOSSMAN, BRENDA	
STREET ADDRESS	2424 PLACIDA RD #303D	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Harold R DeJager*

05-68-01

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90026 012 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)