

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0051241

DOCUMENT # N47494

1. Entity Name

CHARLOTTE CLASSICS & CRUISERS, INC.

04-01-2002 90599 006 ****61.25

Principal Place of Business

Mailing Address

**150 SPYGLASS ALLEY
 PLACIDA FL 33946**

**801 BUCKSKIN COURT
 ENGLEWOOD FL 34223
 US**

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

65-0342124

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

**LEDERER, JOEL O.
 2733-B TAMiami TRAIL
 PORT CHARLOTTE FL 33952**

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 **DP** ☒ Delete
 NAME **WATTS, TOM**
 STREET ADDRESS **3498 ALBIN AVENUE**
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **DP** ☒ Change ☐ Addition
 NAME **HOWARD STEINFATH**
 STREET ADDRESS **850 CRESTWOOD**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **DV** ☒ Delete
 NAME **BROWN, BETTY**
 STREET ADDRESS **7448 MEMORIAL DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **DV** ☒ Change ☐ Addition
 NAME **CARL SHIMMELL**
 STREET ADDRESS **11267 SEABREEZE**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 34224**

TITLE **DT** ☐ Delete
 NAME **KIRKEY, BRENDA**
 STREET ADDRESS **801 BUCKSKIN COURT**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE **VP** ☒ Delete
 NAME **LAPORTA, MICHAEL**
 STREET ADDRESS **1066 LABELLE TERRACE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **DS** ☒ Change ☐ Addition
 NAME **PAT BROWN**
 STREET ADDRESS **2950 KARBE AVE.**
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BRENDA KIRKEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 941-474-0482

Date

Daytime Phone #

CR2E037 (9/01)