2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005997

1. Entity Name

DO THE RIGHT THING OF CHARLOTTE COUNTY, INC.

Mailing Address Principal Place of Business 1410 S TAMIAMI TRAIL 1410 S TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 3. Mailing Address 2. Principal Place of Business

FILED Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90054 050 ****61.25

AUU4DJJ1



City & State City & State City & State City & State Country Zip Country Zip Country Zip Country S. Conflicate of Status Dosrod \$3.75 Additional Fine Regulator Agent Name and Address of Current Registered Agent Name Reynolds, Of C. Melissa K. Street Addition Free Regulation 14 10 S TAMIAMI TRAIL PUNTA GORDA FL 33950 City Funta Gorda FL Zip Code 13950 City Funta Gorda FL Zip Code 13950 City Funta Gorda FL Zip Code 1410 FL Xip Funta Gorda FL Zip Funta Gorda FL	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SF	'ACE		
Zip Country Zip Country S. Certificate of Status Desired \$3.75 Addition Fee Required \$3.75 Addition Fee Required Agent \$3.75 Addition \$3.75 Ad	City & State	e		City & State				4. FEI Numbe	er 65-0751450				
BISSONETTE, LT. NAOMI 1410 ST AMIAMI TRAIL PUNTA GORDA FL 33950 S. The above named amene of equipment pages and option of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE FEE IS \$61.25 TOUTH TOURNESS TRAINED TRAIL PUNTA GORDA FL 33950 City Punta Gorda FL Zig Code 333950 Date Make Check Payable to Department of State Department of State Code Department of State City Punta Gorda FL Zig Code 333950 Date	Zip	Zip	Country			5 Cortificate of Status Desired \$8.75 Additional				litional			
Name Reynolds, Ofc. Melissa K.	6 Name and Address of Current Registered Agent												
BISSONETTE, LT. NAOMI 1410 S TAMIAMI TRAIL PUNTA GORDA FL 33950 City Punta Gorda FL Zip Code 33950 6. The above names withly submits this statespent for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered signature required the numerical control of the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered signature required the numerical control of the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered agent, or both, in the state of Florida. OUTS COMMITTEE COMMITTEE (Committee the entire of the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Committee the entire of registered agent, or both, in the state of Florida. OUTS COMMITTEE (Committee the entire of the purpose of changing its registered agent, or both, in the state of Florida. OUTS COMMITTEE (Committee the entire of the purpose of changing its registered agent, or both, in the state of Florida. OUTS COMMITTEE (Committee the purpose of changing its registered agent, or both, in the state of Florida. OUTS COMMITTEE (Committee the purpose of changing its registered agent, or both, in the state of Florida. OUTS COMMITTEE (Committee the purpose of changing its registered agent, or both in the state of Florida. OUTS COMMITTEE (Committee the purpose of changing its registered agent						Name p	Avno.	lds Ofc	Melices V		_		
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PUNTA GORDA FL 33950 City Punta Gorda FL Zip Code 33950 8. The above named whity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature with submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. CITY ST-2P FILE NOW: SIELECTOR Campaign Financing Trust Fund Contribution. S. 5.00 May Be Added to Fise Shi 2.5 THE NAME LIBBY, W.D. SIELECTOR SIDER AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 12. ADDITIONS													
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				his filing does not qualify fo			ted in Se	ction 119.07(3)(i), Florida Statutes. I fu	urther certi	fy that the ir		

of the corporation or the received 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

ONG ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-01

941-575-5525

Daytime Phone #