

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016231

1. Entity Name
CHARLES VALENTINE ENTERPRISES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90385 005 ***150.00

Principal Place of Business

645 HIGHWAY 231
PANAMA CITY FL 32405

Mailing Address

645 HIGHWAY 231
PANAMA CITY FL 32405

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

236 West Park Place Avenue

Suite, Apt. #, etc.

3. Mailing Address

236 West Park Place Avenue

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

4. FEI Number

59-3643703

Applied For

Not Applicable

Zip

32413

Country

USA

Zip

32413

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARNER, LYNN C
645 HIGHWAY 231
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

GARNER, LYNN C

Street Address (P.O. Box Number is Not Acceptable)

645 236 West Park Place Avenue

City

Panama City Beach

FL

Zip Code

32413

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]

LYNN C GARNER

5/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS GARNER, LYNN C
CITY-ST-ZIP 645 HIGHWAY 231
PANAMA CITY FL 32405

TITLE ☐ Delete
NAME D
STREET ADDRESS GARNER, TERRY JOE
CITY-ST-ZIP 645 HIGHWAY 231
PANAMA CITY FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

850-231-0807

Daytime Phone #

CR2E034 (10/00)