

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90003 013 \*\*\*150.00

**DOCUMENT # P00000016231**

1. Entity Name

**CHARLES VALENTINE ENTERPRISES, INC.**

Principal Place of Business

**236 WEST PARK PLACE AVENUE  
 PANAMA CITY BEACH FL 32413**

Mailing Address

**236 WEST PARK PLACE AVENUE  
 PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

**470 Circle Drive**

Suite, Apt. #, etc.

3. Mailing Address

**470 Circle Drive**

Suite, Apt. #, etc.

City & State

**Defuniak Springs, FL**

Zip

**32435**

Country

**USA**

City & State

**Defuniak Springs, FL**

Zip

**32435**

Country

**USA**

4. FEI Number

**59-3643703**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARNER, LYNN C**

**236 WEST PARK PLACE AVENUE  
 PANAMA CITY BEACH FL 32413**

7. Name and Address of New Registered Agent

Name **Garner, Lynn C**

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

**470 Circle Drive**

City

**Defuniak Springs, FL**

Zip Code

**32435**

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

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, 2002 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 GARNER, LYNN C**  
 STREET ADDRESS **645 HIGHWAY 231**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE  Delete  
 NAME **D GARNER, TERRY JOE**  
 STREET ADDRESS **645 HIGHWAY 231**  
 CITY-ST-ZIP **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 **D Garner, Lynn C**  
 STREET ADDRESS **~~643 Highway 231~~ @ 470 Circle Drive**  
 CITY-ST-ZIP **Defuniak Springs, FL 32435**

TITLE  Change  Addition  
 NAME **D Garner, Terry Joe**  
 STREET ADDRESS **~~643 Highway 231~~ @ 470 Circle Drive**  
 CITY-ST-ZIP **Defuniak Springs, FL 32435**

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 REQUIRED**

Date

Daytime Phone #

**1/17/02**

CPRE034 (0/01)