## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000056279  1. Entity Name DEMARS CHARTER, INC.					-	FILED 02 NOV 21 AM 8: 25	ģ
Principal Place of Business 2331 N 57 ROAD STE. 210 LAUDERHILL FL 33313		Mailing Address 2331 N 57 ROAD STE. 210 LAUDERHILL FL 33313				SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DEING TO NOTWRITE INTHIS SPACE Z	
City & State		City & State				4. FEI Number 65-1023377 Applied For Not Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	legistered Agent		Nama		7. Name and Address of New Registered Agent	ł
SWABY, I 2331 N 5 STE, 210	DEMETRO 7 ROAD			Name Street A	ddress (P.	P.O. Box Number is Not Acceptable)	
LAUDERHILL FL 33313				City FL Zip Code			
<ol><li>The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.</li></ol>				ed office or	registered	1	
SIGNATURE .	Signature, typed or printed name of registered agent an	1 CTRO SWA nd title if applicable. (NOTE:		d Agent signati	ure required wt	valy - PRESIDENT 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!!!  After September 13, 2  Make Check Payable				Fee will b	e \$750.00		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P SWABY, DEMETRO 1340 SW 71 TERRACE NORTH LAUDERDALE	DELECTORS		et address	T WR16H 3532		E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWABY, DONNAMARIE 1340 SW 71 TERRACE NORTH LAUDERDALE	☐ Delete	TITLE NAME STRE		LHIVI	Change Addition	22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUDDOO, HORACE 4109 NW 19TH ST LAUDERHILL FL 33313	Delete	TITLE NAMI STRE			Change Addition  600009147416 11/21/02-01044005 **750.00	Í
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS -ST-ZIP		☐ Change ☐ Addition	
of the cor	on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a:	r signat s requir	ure shall h:	ave the sar	ction 119.07(3)(i), Florida Statutes. I further certify that the information name legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

- PRESIDENT - 11.19.02 -954-535-5320 SIGNATURE: