

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077204

1. Entity Name

CHAR - LEE'S TRANSPORT, INC.

Principal Place of Business

4170 US ONE
EDGEWATER FL 32141

Mailing Address

4170 US ONE
EDGEWATER FL 32141

2. Principal Place of Business

H170 U.S. ONE

3. Mailing Address

H170 U.S. ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDGEWATER, Florida

City & State

EDGEWATER, FL

Zip

32141

Country

Volusia

Zip

32141

Country

Volusia

6. Name and Address of Current Registered Agent

WATTERS, LINDA L
4170 US ONE
EDGEWATER FL 32141

4. FEI Number

59-3658896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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
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

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
PRESIDENT
CHARLES L. LUCAS
212 Adams Road
Edgewater, Fla 32141

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
LINDA L. WATTERS
2725 NEEDLE PALM
EDGEWATER, FL 32141

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 Linda L. Watters LINDA L. WATTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 904-428-7066

Date

Daytime Phone #

0453300

CR2E034 (10/00)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90099 031 ***150.00

00001170



DO NOT WRITE IN THIS SPACE