

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90127 010 \*\*\*158.75

**DOCUMENT # P00000112147**

**1. Entity Name**  
**CHARLSE WATT CUSTOM HOMES, INC.**



**Principal Place of Business**  
**16316 BRISTOL POINTE DR.**  
**DELRAY BCH FL 33446**

**Mailing Address**  
**16316 BRISTOL POINTE DR.**  
**DELRAY BCH FL 33446**

11011391



**2. Principal Place of Business**  
**9467 Grand Estates Way**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. BOX 7537**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**Boca Raton FL**

**City & State**  
**Delray Beach FL**

**4. FEI Number**  
**65-1074474**

**Applied For**  
**Not Applicable**

**Zip**  
**33496**

**Country**  
**USA**

**Zip**  
**33482**

**Country**  
**USA**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHARLSE, STEVEN**  
**16316 BRISTOL POINTE DR.**  
**DELRAY BCH FL 33446**

**7. Name and Address of New Registered Agent**

**Name**  
**CHARLSE, STEVEN**

**Street Address (P.O. Box Number Is Not Acceptable)**

**23815 ADDISON PLACE COURT**

**BONITA SPRINGS FL 34134**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *SC/L (Reg)*

**STEVEN CHARLSE**

**4-21-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **CHARLSE, STEVEN**  
**STREET ADDRESS** **4170 NW 60 CIRCLE**  
**CITY-ST-ZIP** **BOCA RATON FL 33496**

**TITLE** **VPS** ☐ Delete  
**NAME** **WATT, STEVEN**  
**STREET ADDRESS** **8960 BAY COLONY DRIVE**  
**CITY-ST-ZIP** **NAPLES FL 34108**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
**23815 ADDISON PLACE COURT**  
**BONITA SPRINGS FL 34134**

☒ Change ☐ Addition  
**23815 ADDISON PLACE COURT**  
**BONITA SPRINGS FL 34134**

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

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

☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*SC/L (Reg)* **STEVEN CHARLSE**

**4/21/03** **521-487-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)