

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90308-030-\$550.00-\$550.00

APPROVED
FILED

0143316 AT

DOCUMENT # P01000017315

1. Entity Name
C-CHAR, INC.



03 SEP 19 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
303 NO 25TH STREET
FT PIERCE FL 34947

Mailing Address
303 NO 25TH STREET
FT PIERCE FL 34947



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1076496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERRE, CHARLIE
303 NO 25TH STREET
FT PIERCE FL 34947

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PIERRE, CHARLIE
303 NO 25TH STREET
FT PIERCE FL 34947

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

CHARLIE PIERRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)