

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 027 ***150.00

DOCUMENT # P010000032401

1. Entity Name

Charlotte Smith Inc.

DO NOT WRITE IN THIS SPACE

653373

2. Principal Place of Business

3. Mailing Address

2511 NW 30 Terr

2511 NW 30 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fla. Lauderdale, FL

Fla. Lauderdale, FL

Zip

Country

Zip

Country

33311

US

33311

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charlotte Smith

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

2511 NW 30 Terr

City

Lauderdale, FL

Zip Code

33311

**DO NOT WRITE
IN THIS SPACE**

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 Charlotte Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Charlotte Smith
STREET ADDRESS 2511 NW 30 Terr
CITY-ST-ZIP Lauderdale, FL 33311

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IN THIS SPACE**

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 on an attachment with an address, and am duly empowered.

SIGNATURE: Charlotte Smith 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

CR2E034B (12/01)