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FILED
May 28, 2002 8:00 am
Secretary of State

04-01-2002 90618 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043676

1. Entity Name

THE CHARIOT CORPORATION OF WELLINGTON, INC.

Principal Place of Business

13860 WELLINGTON TRACE #327
WELLINGTON FL 33414

Mailing Address

13860 WELLINGTON TRACE #327
WELLINGTON FL 33414

2. Principal Place of Business

13833 WELLINGTON TRACE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

City & State

WELLINGTON

City & State

4. FEI Number

65-1099179

Applied For

Not Applicable

Zip

33414

Country

FL.

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLUECK, ALAN S.
2404 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

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 use 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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ODED SHAMONI P.
 1568 LAKE BREEZE DRIVE
 WELLINGTON FL 33414

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ROY MILSTEIN V.P.
 1708 GRANTHAM DRIVE
 WELLINGTON FL 33414

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02
 Date

561-7538939
 Daytime Phone #

CR2034 (9/01)