FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91204 011 ***150.00

DOCUMENT # P01000046989

1. Entity Name
Charmig, Inc.

DO NOT WRITE IN THIS SPACE

B0124390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2215 Wekiva Village Ln.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State
ZIP: 32703 / Country	Zip / Country

4. FEI Number: 01-0664957 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Migdalia B. Stockton

Street Address (P.O. Box Number is Not Acceptable): 2215 Wekiva Village Ln.

City: Apopka **FL** Zip Code: 32703

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: Migdalia B. Stockton President Migdalia B. Stockton 4-29-02
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) ☒

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
President & Chairman Migdalia B. Stockton 2215 Wekiva Village Ln. Apopka, FL 32703	
Vice President & Secretary Charles B. Stockton 2215 Wekiva Village Ln. Apopka FL 32703	
Treasurer Michele Fisher 2215 Wekiva Village Ln. Apopka, FL 32703	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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, with all other like empowered.

SIGNATURE: Migdalia B. Stockton Migdalia B. Stockton 5/29/02 407-464-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #