

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000066989			
1. Entity Name CHARMING, INC.			
Principal Place of Business 2215 WEKIVA VILLAGE LANE APOPKA, FL 32703		Mailing Address 2929 ATTLEBORO PLACE APOPKA, FL 32703	
2. Principal Place of Business		3. Mailing Address FL 35520	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 025207	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33102		33102	US
4. FEI Number 01-0664957		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent STOCKTON, MIGDALIA B 2215 WEKIVA VILLAGE LANE APOPKA, FL 32703		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Migdalía B. Stockton President</u> <u>4/23/2003</u> (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when appointing))			
		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	PC STOCKTON, MIGDALIA B 2215 WEKIVA VILLAGE LANE APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STOCKTON, CHARLES 2215 WEKIVA VILLAGE LANE APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, MICHELE 2215 WEKIVA VILLAGE LANE APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(l), 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 807, 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 employees. SIGNATURE: <u>Migdalía B. Stockton</u> <u>Migdalía B. Stockton</u> (Signature and typed or printed name of signing officer or director) <u>4/23/03</u> Date Corporate Phone #			

CR2E034 (10/02)