

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 019 ***150.00

DOCUMENT # P01000069047

1. Entity Name
D N D CHARTERS, INC.

Principal Place of Business

**103 IVANHOE BLVD
TAVENIER FL 33070**

Mailing Address

**103 IVANHOE BLVD
TAVENIER FL 33070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1148221

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

**GREEN, DENISE
103 IVANHOE BLVD
TAVENIER FL 33070**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GREEN, DENISE**
STREET ADDRESS **103 IVANHOE BLVD**
CITY-ST-ZIP **TAVENIER FL 33070**

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

TITLE **D** ☐ Delete
NAME **GREEN, DENNIS**
STREET ADDRESS **103 IVANHOE BLVD**
CITY-ST-ZIP **TAVENIER FL 33070**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

DENISE GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-02 305 852 7201

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#P01000069017 123582

F. KENNETH TOMEK, CPA
10100 WEST SAMPLE ROAD SUITE 318
CORAL SPRINGS, FL 33065

TO: DND Chartens, Inc. DATE: 7/10/02

BECAUSE PART OR ALL OF THE DATA CONTAINED IN THIS RETURN IS BASED ON INFORMATION FURNISHED BY YOU WITHOUT VERIFICATION BY ME, PLEASE REVIEW THE RETURN IN ORDER TO ENSURE THAT IT IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

TAX INSTRUCTIONS - PLEASE NOTE ITEMS CHECKED

TAX RETURN SUBMITTED:

☐ FEDERAL INCOME FORM _____
☐ STATE INCOME FORM _____
☐ STATE SALES TAX FORM _____
☐ STATE INTANGIBLE FORM _____
☐ COUNTY TANGIBLE FORM _____
☒ OTHER FORM UBA

SIGNATURE:

☐ YOU ONLY
☐ YOU AND YOUR WIFE
☒ ANY OFFICER
☐ ANY PARTNER
☐ _____

MAKE CHECK PAYABLE TO:

☐ FLORIDA UNEMPLOYMENT
COMPENSATION FUND
☐ UNITED STATES TREASURY
☐ FLORIDA DEPARTMENT OF REVENUE
☒ DEPARTMENT OF STATE
☐ YOUR AUTHORIZED COMMERCIAL
BANK OR FEDERAL RESERVE.
DEPOSIT CHECK WITH BANK
BEFORE DUE DATE; USE FORM
8109-B

☒ PLEASE NOTE I.D. ON CHECK

DATE DUE: 9/13/02

MAIL ON OR BEFORE:

TAX DUE:

TOTAL AMT. \$ 150.00
☒ PAY FULL AMOUNT
☐ BAL. PAYABLE DUE AS FOLLOWS:
☐ __/__/__, \$ _____
☐ __/__/__, \$ _____
☐ __/__/__, \$ _____
☐ __/__/__, \$ _____

MAIL RETURN TO:

☐ INTERNAL REVENUE SERVICE
ATLANTA, GA 39901
☐ FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE ST. BLDG. K
TALLAHASSEE, FL 32399-0145
☐ DEPARTMENT OF LABOR AND EMP. SEC.
BUREAU OF TAX
107 E MADISON ST
TALLAHASSEE, FL 32399-0212
☐ FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302
☒ USE ATTACHED ENVELOPE

TAX OVERPAYMENT: N/A

☐ REFUND DUE \$ _____
☐ APPLY TO ESTIMATE
☐ __/__/__, \$ _____
☐ __/__/__, \$ _____
☐ __/__/__, \$ _____
☐ __/__/__, \$ _____



Attachment
F. KENNETH TOMEK
Certified Public Accountant

123582

10100 West Sample Road • Suite 318
Coral Springs, Florida 33065

Tel: (954) 340-8880 • Fax: (954) 341-6161
Email: FKTCPA@aol.com

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: # P01000069047
D N D Charters, Inc.
103 Ivanhoe Blvd.
Tavenier, FL 33070

To whom it may concern:

We are the CPA firm representing the above referenced corporation. Upon interviewing my client on July 10, 2001, they gave me their December 2001 year-end work, along with this late UBR report form. Upon questioning my client, to see if they had received the first original UBR report, they categorically denied having ever received it. We are therefore asking you to remove the penalty of \$400.00 and accept our check for \$150.00. In addition, this is the first reporting period for their UBR report filing.

Thank you very much concerning this matter. Please feel free to call our office if you have any questions.

F. Kenneth Tomek, CPA
Sincerely Yours,

F. Kenneth Tomek, CPA