

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90045 028 \*\*\*150.00

**DOCUMENT # P01000070141**

1. Entity Name  
**CHARLSON COMPANY, INC.**

Principal Place of Business  
**4206 ENTERPRISE AVE., SUITE 1**  
**NAPLES FL 34104**

Mailing Address  
**4206 ENTERPRISE AVE., SUITE 1**  
**NAPLES FL 34104**

2. Principal Place of Business  
**3435 10th Street N.**

3. Mailing Address  
**3435 10th Street N.**

Suite, Apt. #, etc.  
**Suite #301**

Suite, Apt. #, etc.  
**Suite # 301**

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

4. FEI Number  
**36-2528663**

Applied For  
☐ Not Applicable

Zip  
**34103**

Country  
**USA**

Zip  
**34103**

Country  
**USA**

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

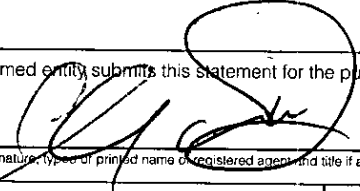
## 6. Name and Address of Current Registered Agent

**CONRICK, CHARLES J IV**  
**631 LAMBTON LANE**  
**NAPLES FL 34104**

## 7. Name and Address of New Registered Agent

Name  
**Richard A. Gorga, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3435 10th Street North Suite#301**  
 City  
**Naples** **FL** Zip Code  
**34103**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/02**

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

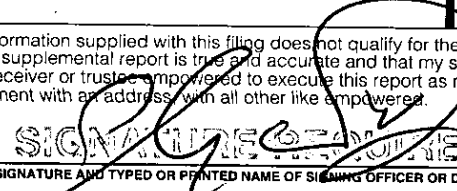
TITLE	PD	<input type="checkbox"/> Delete
NAME	Conrick, Charles J. Jr.	
STREET ADDRESS	4206 Enterprise Ave Ste. 1	
CITY-ST-ZIP	Naples, Florida 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Conrick, Charles J. IV	
STREET ADDRESS	631 Lambton Lane	
CITY-ST-ZIP	Naples, Florida 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Conrick-Riordan, G.M.	
STREET ADDRESS	4206 Enterprise Ave #1	
CITY-ST-ZIP	Naples, Florida 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

Daytime Phone #

**239**  
**941-643-4500**

CR2E034 (9/01)