

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90020 034 ***150.00

DOCUMENT # P01000070141

1. Entity Name
CHARLSON COMPANY, INC.



Principal Place of Business
**3435 10TH STREET N.
SUITE #301
NAPLES FL 34103**

Mailing Address
**3435 10TH STREET N.
SUITE #301
NAPLES FL 34103**



☐ CHECK HERE IF MAKING CHANGES

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 **36-2528663**

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

**RICHARD A. GORGA, CPA
3435 10TH STREET N.
SUITE #301
NAPLES FL 34103**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **PD** ☐ Delete
NAME **CONRICK, CHARLES J JR**
STREET ADDRESS **4206 ENTERPRISE AVE STE 1**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition
NAME **129 STANHOPE CIRCLE**
STREET ADDRESS **NAPLES, FL 34104**
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **CONRICK, CHARLES J IV**
STREET ADDRESS **631 LAMBTON LANE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition
NAME **7605 MEADOW LAKES DR. #2**
STREET ADDRESS **NAPLES, FL 34104**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CONRICK-RIORDAN, G M**
STREET ADDRESS **4206 ENTERPRISE AVE #1**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition
NAME **129 STANHOPE CIRCLE**
STREET ADDRESS **NAPLES, FL 34104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 **239-513-1122**
Date Daytime Phone #

CR2E034 (10/02)