## Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90178 003 \*\*\*158.75

P01000086084

1. Entity Name

CHARLSE WATT CONSTRUCTION, INC.



Principal Place of Business 16316 BRISTOL POINTE DR **DELRAY BEACH FL 33446** 

Mailing Address

16316 BRISTOL POINTE DR DELRAY BEACH FL 33446

2 Principal Place of Burness 9467 GRAND Mailing Addres Suite Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES State 0 Applied For 4. FEI Number 65-1157877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLSE, STEVEN Street Address (P.O. Box Number is Not Acceptable) 16316 BRISTOL POINTE DR **DELRAY BEACH FL 33446** 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of regi SIGNATURE (NOTE: Registered Agent sign FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00  $\Gamma$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME GHARLSE, STEVEN NAME 23815 ADDISON PLACE COURT 16316 BRISTOL POINTE DR STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Addition TITLE Delete NAME WATT, STEVEN NAME 23815 ADDISON PLACE LOU STREET ADDRESS 16316 BRISTOL POINTE DR STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33446** CITY-ST-ZIP ☐ Addition TITLE - Delete - -JITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**SIGNATURE:**