


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 008 ***150.00

DOCUMENT # <u>P01000093802</u>	
1. Entity Name <u>CHARMIDA, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8647 GUNST COVE DRIVE</u>	3. Mailing Address <u>8647 GUNST COVE DRIVE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>ORLANDO, FLORIDA</u>	City & State <u>ORLANDO, FLORIDA</u>	4. FEI Number <u>59-3755248</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32819</u>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name A.G.C. CO.
Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH ORANGE AVE
SOUTHWEST CENTER SUITE 2300
City ORLANDO FL Zip Code 32801

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	<u>PD</u> <u>ROBINSON, CHARLES E.</u> <u>8647 GUNST COVE DR.</u> <u>ORLANDO, FL 32819</u>		
	<u>D</u> <u>ROBINSON, LEONIDA A</u> <u>8647 GUNST COVE DR.</u> <u>ORLANDO, FL 32819</u>		

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/03 407-435-8156

CR2E034B (12/02)