2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000032492 DOCUMENT

1. Entity Name

CHARLESTON CAY, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90031 004 ***158.75

- 1	41

Principal Place of Business 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY FL 32746		Mailing Address 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY FL 32746		
2. Principal Pla	ace of Business	3. Mailing Address		E NORTHOUGH THE GROUND STREET BRIEF ROTTE BRIEF ROTTE THE STREET STREET STREET STREET STREET STREET STREET STREET
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number OI - 065352/ Not Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
·	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
N. DWAYNE GRAY, JR. 135 WEST CENTRAL BOULEVARD SUITE 1100 ORLANDO FL 32801				et Address (P.O. Box Number is Not Acceptable)
8. The above r the obligations.			****	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
· After I	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE	OFFICERS AN	D DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS
NAME STREET ADDRESS CITY - ST - ZIP		Delate	NAME STREET ADDRES CITY-ST-ZIP	Borck, Toold L
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wolf, Jonathan L So 615 Crescent Executive Ct, Ste 120 Lake Mary, Florida 30746
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	Law, Patrick E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITTLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied wit	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition

rheledy certify that the information supplied with this lining does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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 all provided.

SIGNATURE: