

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90987 041 ***150.00

DOCUMENT # P02000038077

1. Entity Name
RE PORT CHARLOTTE, INC.



Principal Place of Business
**2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792**

Mailing Address
**2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18480 Toledo Blade Blvd.

City & State

City & State

Port Charlotte, FL

4. FEI Number

47-0859870

Applied For

Not Applicable

Zip

Country

Zip

Country

33948

Charlotte

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **D** ☐ Delete
NAME **DEERING, LAWRENCE R MR.**
STREET ADDRESS **200 CORPORATE CENTER DRIVE #360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE **D/C/CEO** ☒ Change ☐ Addition
NAME **Deering, Lawrence R.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **D** ☐ Delete
NAME **CONTE, JOSEPH D MR.**
STREET ADDRESS **200 CORPORATE CENTER DRIVE #360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE **D/P/COO** ☒ Change ☐ Addition
NAME **Conte, Joseph D.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15108**

TITLE **D** ☐ Delete
NAME **CURCIO, EUGENE R**
STREET ADDRESS **200 CORPORATE CENTER DRIVE #360**
CITY-ST-ZIP **MOON TOWNSHIP PA 15108**

TITLE **D/T** ☒ Change ☐ Addition
NAME **Curcio, Eugene R.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15108**

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

TITLE **S** ☒ Change ☐ Addition
NAME **Corsetti, Rosemary L.**
STREET ADDRESS **200 Corporate Center Drive, Suite 360**
CITY-ST-ZIP **Moon Township, PA 15018**

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

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

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

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

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 all other like empowered.

SIGNATURE: *Rosemary L. Corsetti* **Rosemary L. Corsetti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/03 (412) 269-2400

Daytime Phone #

CR2E034 (10/02)