

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-05-2003 90110 037 ***550.00

DOCUMENT # P02000044882

1. Entity Name
CHARCOAL (USA), INC.



Principal Place of Business
11001 OLD ST AUGUSTINE RD #809
JACKSONVILLE FL 32257

Mailing Address
11001 OLD ST AUGUSTINE RD #809
JACKSONVILLE FL 32257

2. Principal Place of Business
11001 OLD ST AUGUSTINE RD #809

3. Mailing Address
11001 OLD ST AUGUSTINE RD #809

Suite, Apt. #, etc.
410

Suite, Apt. #, etc.
410

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip 32257 **Country** DUVAL

Zip 32257 **Country** DUVAL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0475316 **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

ADVANI, CHANDA
11001 OLD ST AUGUSTINE RD #809
JACKSONVILLE FL 32257

Name ADVANI CHANDA

Street Address (P.O. Box Number is Not Acceptable)

11001 OLD ST. AUGUSTINE RD. #410

City JACKSONVILLE **FL** **Zip Code** 32257

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 *Chanda Advani* **ADVANI CHANDA**
Signature, typed or printed name of registered agent and title if applicable. **PRESIDENT**

DATE 09/03/03

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
NAME CHANDA ADVANI
STREET ADDRESS 11001 OLD ST. AUGUSTINE RD. #410
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: *Chanda Advani* **ADVANI CHANDA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 09/03/03

DAYTIME PHONE # 904-887-8838

CR2E034 (10/02)