

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000091716

FILED  
Apr 18, 2003  
Secretary of State

Entity Name: CHARLOTTE HARBOR PROPERTIES, INC.

## Current Principal Place of Business:

P. O. BOX 510640  
PUNTA GORDA, FL 33951

## New Principal Place of Business:

318 TAMIAMI TRAIL  
SUITE 18  
PUNTA GORDA, FL 33950

## Current Mailing Address:

P. O. BOX 510640  
PUNTA GORDA, FL 33951

## New Mailing Address:

FEI Number: 50-0006141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POSTLE, SUSAN T  
175 KINGS HIGHWAY  
#6C7  
PUNTA GORDA, FL, FL 33983 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POSTLE, SUSAN T  
Address: P.O. BOX510640  
City-St-Zip: PUNTA GORDA, FL 33951

Title: DIR ( ) Delete  
Name: POSTLE, SUSAN T  
Address: P.O. BOX 510640  
City-St-Zip: PUNTA GORDA, FL 33951

Title: SECT ( ) Delete  
Name: POSTLE, SUSAN T  
Address: P.O. BOX 510640  
City-St-Zip: PUNTA GORDA, FL 33951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN T. POSTLE

P

04/18/2003

Electronic Signature of Signing Officer or Director

Date