

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000109838

1. Entity Name
CHARLEZ SERVICES, INC



FILED

08 OCT 13 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5851 7TH AVENUE SOUTH
ST PETERSBURG, FL 33707

Mailing Address
5851 7TH AVENUE SOUTH
ST PETERSBURG, FL 33707

2. Principal Place of Business - No P.O. Box #

3933 Tyrone Blvd
Suite, Apt. #, etc.
Unit 608-105

3. Mailing Address

3933 Tyrone Blvd
Suite, Apt. #, etc.
Unit 608-105

City & State

St Petersburg FL

City & State

St Petersburg FL

Zip

33709

Country

Pinellas

Zip

33709

Country

Pinellas



4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMSBURG, D P
5836 54TH AVENUE NORTH
KENNETH CITY, FL 33709

7. Name and Address of New Registered Agent

Name Georgia Lasher

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

5851 7th Ave S

City St Petersburg

FL

Zip Code

33707

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

Georgia Lasher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-9-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME LASHER, GEORGIA
STREET ADDRESS 5851 7TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200136872392
10/13/08--01043--015 **150.00

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Georgia Lasher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-08 727-508-2508

Date

Daytime Phone #

2010/14