

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061035

1. Entity Name
T. CHARLES, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90025 014 ***150.00

Principal Place of Business 8 ANDREA DR NEW SMYRNA BEACH FL 32168	Mailing Address 8 ANDREA DR NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business 257 GOLF CLUB DRIVE Suite, Apt. #, etc.	3. Mailing Address 257 GOLF CLUB DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NEW SMYRNA BEACH, FL	City & State NEW SMYRNA BEACH, FL	4. FEI Number 59-3203193	Applied For Not Applicable
Zip 32168-2124	Country USA	Zip 32168-2124	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, THOMAS F 8 ANDREA DR NEW SMYRNA BEACH FL 32168	7. Name and Address of New Registered Agent JOHNSON, THOMAS F 257 GOLF CLUB DRIVE NEW SMYRNA BEACH, FL 32168-2124
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, THOMAS F 8 ANDREA DR NEW SMYRNA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, THOMAS F 257 GOLF CLUB DRIVE NEW SMYRNA BEACH FL 32168-2124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Johnson 04/11/2001 386-428-9494
THOMAS F. JOHNSON, PRESIDENT Date Daytime Phone #

CR2E034 (10/00)