

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90325 031 ***150.00

DOCUMENT # P94000024534

1. Entity Name
CHAR DEN KA, INC.



Principal Place of Business
**1231 OXBOW LANE
WINTER SPRINGS FL 32708
US**

Mailing Address
**2200 WINTER SPRINGS BLVD
#106-304
OVIEDO FL 32765-9344
US**

2. Principal Place of Business

3. Mailing Address
1231 Oxbow Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Springs, FL

4. FEI Number
59-3224162

Applied For
Not Applicable

Zip

Country

Zip

Country

32708

USA

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

**COON, DENNIS
1231 OXBOW LANE
WINTER SPRINGS FL 32708**

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

1231 Oxbow Lane

City
Winter Springs, FL Zip Code
32708

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

KATHY COON
(NOTE: Registered Agent signature required when reinstating)

DATE
1/24/2003

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COON, DENNIS
1231 OXBOW LANE
WINTER SPRINGS FL 32708** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COON, KATHY
1231 OXBOW LANE
WINTER SPRINGS FL 32708** ☐ Delete

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

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☐ 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:

KATHY COON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03 *407-341-3557*

CR2E034 (10/02)