

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90083 040 ***150.00

DOCUMENT # P94000042952

1. Entity Name

CHARLIE'S PET PRODUCTS, INC.

Principal Place of Business

~~1600 E 7TH STREET~~ **2573 SE Perugia St.**
~~STUART FL 34906~~ **Port St Lucie, FL.**
34952

Mailing Address

P O BOX 671
 STUART FL 34995
 US

2. Principal Place of Business

2573 S.E. Perugia Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St. Lucie

City & State

Florida

Zip

34952

Country

U.S.

Zip

Country

4. FEI Number

65-0502005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, DONALD D

~~1600 E 7TH STREET~~ **2573 Perugia St.**
~~STUART FL 34996~~ **Port St, Lucie, FL 34952**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, DONALD D	
STREET ADDRESS	1600 E 7TH STREET	
CITY-ST-ZIP	STUART FL	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	BROWN, BARBARA J	
STREET ADDRESS	1600 E 7TH STREET	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DONALD D.	Address
STREET ADDRESS	2573 SE Perugia St.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	VPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, Barbara J.	Address
STREET ADDRESS	2573 SE Perugia St.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donal Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/02 561-398-8427

Date

Daytime Phone #

CR2E034 (9/01)