

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90135 007 ***158.75

DOCUMENT # P95000012196

1. Entity Name
CHARDE GROUP, INC.

Principal Place of Business
207 NO COLLIER BLVD
STE 202
MARCO ISLAND FL 33937

Mailing Address
PO BOX 2056
MARCO ISLAND FL 34146

00023373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
207 N. COLLIER BLVD.
 Suite, Apt. #, etc.

3. Mailing Address **DUPLICATE -**
% B.R. GLYNN
 Suite, Apt. #, etc.
169 GODFREY RD.,
 City & State
LUDLOW, VT.
 Zip
05149
 Country
WINDSOR

City & State
MARCO ISLAND, FLA.
 Zip
34145
 Country
COLLIER

4. FEI Number **65-0572223**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 NO COLLIER BLVD
STE 202
MARCO ISLAND FL 34145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARDE, JOSEPH		NAME	CHARDE, JOSEPH	
STREET ADDRESS	207 NO COLLIER BLVD		STREET ADDRESS	207 N. COLLIER BLVD.,	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	MARCO ISLAND, FLA. 34145	
TITLE		<input type="checkbox"/> Delete	TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALLEN DUQUET	
STREET ADDRESS			STREET ADDRESS	207 N. COLLIER BLVD.,	
CITY-ST-ZIP			CITY-ST-ZIP	MARCO ISLAND, FLA. 34145	
TITLE		<input type="checkbox"/> Delete	TITLE	SEC./TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BRIAN R. GLYNN	
STREET ADDRESS			STREET ADDRESS	207 N. COLLIER BLVD.,	
CITY-ST-ZIP			CITY-ST-ZIP	MARCO ISLAND, FLA. 34145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Joseph Charde **PRES.** **3-1-01** **941-6423000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSEPH CHARDE - PRESIDENT

CR2E034 (10/00)