

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026896

1. Entity Name

CHARLSE DEVELOPMENT II, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 017 ***150.00

Principal Place of Business	Mailing Address
4075 NW 60TH CIR BOCA RATON FL 33496 US	GULFSHORE HOMES 23815 ADDISON PL. CT BONITA SPRINGS FL 34134-4912 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0572909	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHARLSE, STEVEN
4075 NW 60 CIR
BOCA RATON FL 33496

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
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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, 2000 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	PD	TITLE	
NAME	CHARLSE, STEVEN	NAME	
STREET ADDRESS	4075 NW 60 CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	WATT, STEVEN	NAME	
STREET ADDRESS	4075 NW 60 CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	CHARLSE, STANLEY	NAME	
STREET ADDRESS	4075 NW 60 CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: *Watt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)