	I ONIFORM BUSI		tt (ORI	K)	1		
DOCUMENT # <b>P95000026896</b> 1. Entity Name							
CHARLS	E DEVELOPMENT II, INC.				FILED		
Principal Place of Business Mailing Address					01 MAY -1 PM 1: 25		
4075 NW 60TH BOCA RATON F		GULFSHORE HOMES			TORTADY OF STATE		
US	-L 33490	23815 ADDISON PL. CT BONITA SPRINGS FL 34134			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
•		US			1 ACCATION IN INCIDENTAL PROPERTY OF THE PROPE		
2. Principal Place of Business 23815 Addison Pl Ct		3. Mailing Address			TI T		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Bonite		City & State			4. FEI Number 65-0572909 Applied For Not Applicab	le	
3413	A Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
2710	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Registered Agent	_	
OLIABIAE ATOEN				Leo J. Salvatori			
CHARLSE, STEVEN 4075 NW 60 CIR			Street	treet Address (P.O. Box Number is Not Acceptable)			
	A RATON FL 33496		<del>- 1</del>	5mit	1 -	_	
	_ //n /		City	Nzpi	. Zin Codo	_	
8. The above named entity submits this statement for the purpose of changing its registered office or registere				100	$\dashv$		
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature r					2000043841020 -06/08/0101095001	İ	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00				***************************************	$\dashv$		
Tax filing r	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Stat			te 10. Election Campaign Financing Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
title Name	CHARLSE, STEVEN	☐ Delete	TITLE NAME		<b>⊠</b> Change ☐ Addition	'In	
STREET ADDRESS	4075 NW 60 CIR		STREET ADDRESS	238	BIS Addison Pl Ct		
CITY-ST-ZIP	BOCA RATON FL   VSD	☐ Delete	CITY-ST-ZIP	<i>D</i>	Bonita Springs FL 34134 Strange □ Addition	_	
NAME	WATT, STEVEN	□ Delete	NAME		Change Addition of Addition of Springs FL 34134	""	
STREET ADDRESS .	4075 NW 60 CIR BOCA RATON FL		STREET ADDRESS CITY-ST-ZIP	238	uita Serinas PL 34134		
TITLE	TD	□ Delete	TITLE	1201	uita Prings / C 37757	חנ	
NAME	CHARLSE, STANLEY	<b>—</b> 5000	NAME		_, , _		
STREET ADDRESS CITY-ST-ZIP	4075 NW 60 CIR BOCA RATON FL		STREET ADDRESS CITY-ST-ZIP	258	315 Addison Pl Ct onito Springs FL 34134		
TITLE	BOOK INTON 12	☐ Delete	TITLE	<u> </u>	Change Addition	on I	
NAME			NAME		44		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<sup>10</sup> 158 75		
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	ח(	
NAME STREET ADDRESS			NAME STREET ADDRESS		0 - 0		
CITY-ST-ZIP			CITY-ST-ZIP		VUNU —		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	ш	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		U		
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 of 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 attackment with an address, with all other like empowered.							
SIGNATURE: My Steven M Watt 4,27.01 941.947.2929  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da							