

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006659

1. Entity Name
CHARLOTTE FOOD MARTS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90984 036 ***150.00

Principal Place of Business
**2350 HARBOR BLVD
PORT CHARLOTTE FL 33952
US**

Mailing Address
**2350 HARBOR BLVD
PORT CHARLOTTE FL 33952
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0634058**
Applied For
Not Applicable

Zip Country Zip Country

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

**MADATHILATE, MATHEW K
2350 HARBOR BLVD
POR CHARLOTTE FL 33952**

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, 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 **VP** ☒ Delete
NAME **GUNDERSON, HERBERT Q D**
STREET ADDRESS **2141 ACHILLES ST NE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
NAME **PHILIP CHACKO**
STREET ADDRESS **22523 COESTCHESTER BLVD F102**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **P** ☐ Delete
NAME **MADATHILATE, MATHEW K**
STREET ADDRESS **1020 CAPRI ISLE BLVD #39**
CITY-ST-ZIP **VENICE FL 33292**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: MatheW K. madathilate **MATHEW K. MADATHILATE** 4-26-01 941-426-9451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)