

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90003 042 ***150.00

DOCUMENT # P96000006659

1. Entity Name

CHARLOTTE FOOD MARTS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0634058

Applied For

Not Applicable

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 *Philip Chacko*
 Signature, typed or printed name of registered agent and title if applicable

PHILIP CHACKO

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
 NAME **CHACKO, PHILIP WESTCHESTER BLVD.**
 STREET ADDRESS **22523 WESTCHESTER BLVD F102**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Philip Chacko*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP CHACKO

Date

Daytime Phone #

1-28-02 *940* *625-4761*

CR2E034 (9/01)