2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-31-2001 90230 035 ***550.00

DOCUMENT # P96000010002

1. Entity Name

CHARLOTTE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
4813 TAMIAMI TR CHARLOTTE HARBOR FL 33980 US	4813 TAMIAMI TR CHARLOTTE HARBOR FL 33980 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3005 CARING WAY	3005 CARING WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL	City & State: PORT CHARLOTTE, FL
Zip: 33952 Country: USA	Zip: 33952 Country: USA

4. FEI Number: 65-0636751 ☐ 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
LORICCO, CARLO 3005 CARING WAY STE A PORT CHARLOTTE FL 33949	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUEDER, JOHN 41813 TAMIAMI TR CHARLOTTE HARBOR FL 33980 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VERNEDAAL, HERMAN 3891 DG ROZENDAAL NETHERLANDS VA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. P. VERNEDAAL, HERMAN 3891 DG ROZENDAAL NETHERLANDS VA ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARLO J. LORICCO 3005 CARING WAY PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. T. CARLO J. LORICCO 3005 CARING WAY PORT CHARLOTTE, FL 33952 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. WOUT VANSHUPPEN LEOPOLDSLEI 80 2930 BRASSCHAAT BELGIUM ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: _____ 7/26/01

CR2E/134 (11/00)