## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P96000018913

1. Entity Name



## **FILED** Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90687 012 \*\*\*150.00

CHARL	ESTON INVESTMENTS, IN	C.					,5 7000 r	012 13	0.00
Principal Place of Business 111 ORANGE AVENUE SUITE 300 FORT PIERCE FL 34950		111 SUI	Mailing Address 111 ORANGE AVENUE SUITE 300 FORT PIERCE FL 34950						
2. Principa	2. Principal Place of Business		3. Mailing Address						
Suite, Ap	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4	4. FEI Number 65-0660536 Applied			
Zip	Country	Zip	)	Country		. Certificate of Status Desire			Not Applicable
	6. Name and Address of Curre	nt Register	red Agent					Fee Requ	ired
DE00				Name		Name and Address of Ne	w Register	ed Agent ,	
111 ORA SUITE 30				Street Add	iress (P.O.	Box Number is Not Accepte	ble)		
1	ERCE FL 34950			City				Zip Co	ode
8: The abov	re named entity submits this statement ations of registered agent.	for the purp	oose of changing its r	registered office or re	gistered a	gent or both in the State of	Florido La	on familia : 20	
: 5 the obliga	ations of registered agent.				<b>J</b>	going of board in the blate of	rioliua. Ta	ın tamıllar witi	1, and accept
S <sub>E</sub> GNATURE	Signature, typed or printed name of registered age	nt and title if and							
	FILE NOW!!! FEE IS \$150.00	nt and the II app	NOTE:	Registered Agent signature r	required when	reinstating)	DAT	Ē	
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State				9. Election Campaign Trust Fund Contribu	Financing tion.	\$5.	00 May Be ed to Fees
10.	OFFICERS AND	D DIRECTO	<del></del>	11.	Al	L DDITIONS/CHANGES TO O	FFICERS A	ND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERGER, GARY 111 ORANGE AVENUE, SUITE 3 FORT PIERCE FL 34950	300	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			Change	☐ Addition
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: