

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022445

1. Entity Name

CHAR-RU TREATS, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90012 016 ***558.75

Principal Place of Business

2784 SADLER ROAD
FERNANDINA BEACH FL 32034

Mailing Address

~~2784 SADLER ROAD~~ P.O. Box 15537
FERNANDINA BEACH FL ~~32034~~
32035-3109

2. Principal Place of Business

3. Mailing Address

P.O. Box 1553

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FERNANDINA BEACH, FL

4. FEI Number

59-3372703

Applied For

Not Applicable

Zip

Country

Zip

Country

32035-3109

NASSAU

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

MEREDITH, CHARLES R
2784 SADLER ROAD
FERNANDINA BEACH FL 32034

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME MEREDITH, CHARLES R
STREET ADDRESS PO BOX 15537
CITY-ST-ZIP FERNANDINA BCH FL 32035-3109

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

TITLE D ☐ Delete
NAME MEREDITH, RUBY L
STREET ADDRESS 3729 DOUBLOON TRAIL
CITY-ST-ZIP YULEE FL 32097

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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.

PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruby L. MEREDITH 7/6/00 (904) 277-2113