## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P96000037152 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name CHARITY'S TREASURES, INC. 09-18-2000 90029 032 \*\*\*550.00 Principal Place of Business Mailing Address C/O RICHARD GORGA C/O RICHARD GORGA 3435 10TH ST N #301 3435 10TH ST N #301 NAPLES FL 34103-3815 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address 3380 Court 3380 HANOUER HANDUER COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0674294 FL FL Not Applicable NAMIES NAD)ES Country U.S.A \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 411) 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Delones PROVANCAL PROVANCAL, DELORES J Street Address (P.O. Box Number is Not Acceptable) C/O RICHARD GORGA 3435 10TH ST N #301 HANDVER COURT NAPLES FL 34103 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVTS** ☐ Change ■ Addition ☐ Delete TITLE Delones J. PROVANCAL PROVANCAL, DELORES J NAME NAME 3380 HANGUER COURT C/O RICHARD GORGA, 3435 10TH ST N #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Naples, FL 34112 NAPLES FL 34103 CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.