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

DOCUMENT #

Principal Place of Business 153 OAKWOOD DR

NAPLES FL 33942

P96000050365

Mailing Address 153 OAKWOOD DR

NAPLES FL 33942

1. Entity Name

CHARLENE'S CUSTOM CREATIONS, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90127 032 ***150.00

2. Principal Place of Business		3. Mailing Address		1 (0 \$1) 0 0 100 0	,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0674394 Applied For Not Applicab	ole .	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent	\Box	
v. rumo una Australia			Name	Name		
SMITH, CHARLENE 153 OAKWOOD DR			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
NAPLES F	L 33942					
				FL Zip Code		
8. The above the obligation	named entity submits this statement ons of registered agent.	for the purpose of changing i	ts registered office or req	egistered agent, or both, in the State of Florida. I am familiar with, and accep	ot	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	DTE: Registered Agent signature re	required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	•	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	D SMITH, CHARLENE 153 OAKWOOD DR	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additi	ion	
STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33942		CITY-ST-ZIP		_	
TITLE		☐ Delete	TITLE NAME -	☐ Change ☐ Additi	ion	
NAME STREET ADDRESS CITY-ST-ZIP	s e é e	-	STREET ADDRESS	and the second of the second o	. ,	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additi	ion	
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ Delete	TITLE	☐ Change ☐ Additi	ion	
NAME STREET ADDRESS			NAME Street Address			
CITY-ST-ZIP			CITY-ST-ZIP		_	
TITLE NAMÉ		☐ Delete	TITLE NAME	☐ Change ☐ Addit	ion \	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	,	☐ Delete	TITLE	☐ Change ☐ Additi	іоп	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	,	_	
		بكالمريم فمعر ممماه برسالك بالله بالد	for the exemption stated	ed in Section 119 07/3)(i). Florida Statutes, I further certify that the information	a I	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: