

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053821

1. Entity Name

CHARLSE/WATT DEVELOPMENT, INC.

Principal Place of Business

4075 N.W. 60TH CIRCLE
BOCA RATON FL 33496

Mailing Address

GULFSHORE HOMES, INC
23815 ADDISON PL. CT
BONITA SPRINGS FL 34134

2. Principal Place of Business

23815 Addison Pl Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Zip

34134

Country

Zip

Country

4. FEI Number 65-0686325

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVEN CHARLSE
4075 NW 60 CIRCLE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Leo Salvatore

Street Address (P.O. Box Number is Not Acceptable)

4501 Tamiami Trail N

Suite

Suite 300

City

Naples FL

FL

Zip Code

34103

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]

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVEN CHARLSE	
STREET ADDRESS	4075 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	STEVEN WATT	
STREET ADDRESS	4075 NW 60 CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23815 Addison Pl Ct
CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23815 Addison Pl Ct
CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700004384117--3
CITY-ST-ZIP	-06/08/01--01095--001
	***3920.00 ***158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	\$158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>[Signature]</i>
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 of 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:

[Signature] Steven M. Watt

4.27.01

941-947-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 MAY -1 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE