

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90026 014 ***150.00

DOCUMENT # P96000067273

1. Entity Name

J. CHARLOTTE & ASSOCIATES, INC.

Principal Place of Business

**231 S NOKOMIS AVE
 STE E
 VENICE FL 34285
 US**

Mailing Address

**231 S NOKOMIS AVE
 STE E
 VENICE FL 34285
 US**

2. Principal Place of Business

**4826 CHERRY LAUREL CIRCLE
 Suite, Apt. #, etc.**

3. Mailing Address

**4826 CHERRY LAUREL CIRCLE
 Suite, Apt. #, etc.**

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

65-0691653

Applied For

Not Applicable

Zip

Country

34241

Zip

Country

34241

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PFLUGNER, J G
 2033 MAIN STREET #101
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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 \$150.00
 After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	CHARLOTTE, JEFFREY	
STREET ADDRESS	231 S NOKOMIS AVE STE E	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHARLOTTE, VIRGINIA L	
STREET ADDRESS	231 S. NOKOMIS AVENUE, SUITE E	
CITY-ST-ZIP	VENICE FL 34285	
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		
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	4826 CHERRY LAUREL CIRCLE
STREET ADDRESS	SARASOTA FL 34241
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4826 CHERRY LAUREL CIRCLE
STREET ADDRESS	SARASOTA FL 34241
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)