

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071691

1. Entity Name
DAVID CHARLES CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90243 029 ***150.00

Principal Place of Business

7064 MARINER BLVD
BROOKSVILLE FL 34609
US

Mailing Address

7064 MARINER BLVD
BROOKSVILLE FL 34609-1000
US

C0030072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7064 Mariner Blvd Spring Hill 34609

3. Mailing Address

7064 Mariner Blvd Spring Hill 34609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill, FL

4. FEI Number

59-3436163

Applied For

Not Applicable

Zip

34609

Country

US

Zip

34609

Country

US

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

BROOKS, JOYCE P
7064 MARINER BLVD
BROOKSVILLE FL 34609

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, JOYCE	
STREET ADDRESS	12128 CORTEZ BLVD.	
CITY-ST-ZIP	SPRINGHILL FL 34609	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	BROOKS, ANDRE M	
STREET ADDRESS	7064 MARINER BLVD	
CITY-ST-ZIP	SPRINGHILL FL 34609	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7064 Mariner Blvd	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Joyce P Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000
Date

Daytime Phone #

CR2E034 (9/99)