

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90154 049 ***150.00

DOCUMENT # P96000076537

1. Entity Name

CHARNELL, INC.

Principal Place of Business

**5395 S.E. 38TH STREET
 OCALA FL 34480**

Mailing Address

**5395 S.E. 38TH STREET
 OCALA FL 34480**

2. Principal Place of Business

3730 S.E. 54th AVE.

Suite, Apt. #, etc.

3. Mailing Address

3730 S.E. 54th AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA, FLA.

City & State

OCALA, FLA.

4. FEI Number

59-3417490

Applied For

Not Applicable

Zip

34480

Country

MARION

Zip

34480

Country

MARION

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARNOLD, CHARLIE N
 5395 S.E. 38TH STREET
 OCALA FL 34480**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

CHARLIE N. ARNOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

352 624-1569

Daytime Phone #

CR2E034 (9/01)