FILED

Jul 09, 2003 8:00 am Secretary of State

07-09-2003 90038 013 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000009273

1. Entity Name

CHARTERSEARCH INCORPORATED

					. V	GO W	E.T.			
Principal Place	e of Busines	3		ng Address						
729 PRESERVE TERRACE			729 PRESERVE TERRACE				ĺ			
HEATHROW FL 32746			HEATHROW FL 32746				ļ			
							ĺ		. 1	
			7							
2. Principal Pl	lace of Busin	ess	3. Mailing Address				į		***************************************	4488 1311 1981
0.5- 4-1 // -1-				College And Heate						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Ì	☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State					4. FEI Number 40 4470000	ΙΙΔι	oplied For
Oily & State			Only a State			}	4. FEI Number 43-1479880		ot Applicable	
Zip Country			Zip Count			ntry			\$8.75 Add	
						•	ļ	5. Certificate of Status Desired	Fee Require	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered	Agent	
Name V										:
Quinn, Peter L				Stroat Address 4			ddroop (P	PO Pay Number in Not Associated		
729 PRESERVE TERRACE						Street Address (P.O. Box Number is Not Acceptable)				
HEATHROW FL 32746										
S S S S S S S S S S S S S S S S S S S										
		•				City		F I	Zip Cod	e
8. The above named entity apprints this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE / ITA & June PETER L. QUIDO MINOS										
SIGNATURE"	Signature, typed	or printed name of registered agent				d Agent signati	re required v	when reinstating) DATE	<u> </u>	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00								9. Election Campaign Financing		0 May Be
Make Check Payable to Florida Department of State								Trust Fund Contribution.	Added	to Fees
10.		OFFICERS AND		DBS	11,	 -	<u></u> _	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
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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 treatee 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 a other like empowered.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/03

401-833-0462