

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055185

1. Entity Name

CHARLIE'S WHOLESALE SUPPLY COMPANY

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90133 003 \*\*\*150.00

Principal Place of Business

Mailing Address

107 EAST GILBERT STREET  
DELAND FL 32724

107 EAST GILBERT STREET  
DELAND FL 32724-7807

2. Principal Place of Business

1231 TALL PINES DRIVE

3. Mailing Address

1231 TALL PINES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSTEEN, FLORIDA

City & State

OSTEEN, FL

4. FEI Number

59-3454586

Applied For

Not Applicable

Zip

32764

Country

USA

Zip

32764

Country

USA

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

DE PARRY, ASTRID

107 EAST CHURCH STREET  
DELAND FL 32724

Name

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

1231 TALL PINES DRIVE

OSTEEN, FL 32764

City

FL

Zip Code

8. The above named entity has changed its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(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	P	<input type="checkbox"/> Delete
NAME	CLIFTON, CHARLES A JR	
STREET ADDRESS	107 E GILBERT ST	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1231 TALL PINES DRIVE
CITY-ST-ZIP	OSTEEN, FL 32764
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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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

4/13/00

Date

(407) 324-1500

Daytime Phone #

CR2E034 (9/99)