

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077600

1. Entity Name

CHARTERS ON DEMAND, INC.

Principal Place of Business

11860 NW 37TH ST
SUNRISE FL 33323

Mailing Address

PO BOX 452287
SUNRISE FL 33345

2. Principal Place of Business

5535 NW 23 AVE

3. Mailing Address

Suite, Apt. #, etc.

Hanger 16

City & State
Ft Lauderdale FL

Zip

33309

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

O'CONNOR, CLYDE
11860 NW 37TH ST
SUNRISE FL 33323

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
O'CONNOR, CLYDE
11860 NW 37TH ST
SUNRISE FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 reports 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

Clyde O'Connor

Date

4/18/01

Daytime Phone #

954-572-0181

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90119 042 ***150.00

760708



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)