

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90120 023 \*\*\*150.00

DOCUMENT # **P9700008 4981**

1. Entity Name

CHARLES DEHLINGER INTERNATIONAL, INC. ✓

Principal Place of Business

Mailing Address

260 Maitland Avenue, Suite 1500  
 Altamonte Springs, FL 32701  
 Seminole County, Florida  
 Mailing address is same

00046878

2. Principal Place of Business

260 Maitland Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

1500

Suite, Apt. #, etc.

City & State

Alt. Springs, FL 32701

City & State

4. FEI Number

59-3477565

Applied For

Not Applicable

Zip

32701

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHARLES A. DEHLINGER, ESQUIRE  
 260 Maitland Ave., Suite 1500  
 Altamonte Springs, FL 32701

7. Name and Address of New Registered Agent

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

TITLE: President/Director ☐ Delete  
 NAME: CHARLES A. DEHLINGER  
 STREET ADDRESS: 260 Maitland Ave., #1500  
 CITY-ST-ZIP: Altamonte Springs, FL 32701

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition  
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 STREET ADDRESS:  
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 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)(l), 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: *Charles A. Dehlinger*

CHARLES A. DEHLINGER, Pres/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Display This Page

4-24-01

407-682-4402

CR2E034 (11/00)