

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90004 040 \*\*\*150.00

**DOCUMENT # P97000093878**

1. Entity Name

**CHARLES PRICE & ASSOCIATES, INC.**

**AU038511**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>505 PINE AVE. S.</b> <del>1912 CASTLE BAY CT.</del> OLDSMAR FL 34677	Mailing Address <b>505 PINE AVE. S.</b> <del>1912 CASTLE BAY CT.</del> OLDSMAR FL 34677-2657
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2. Principal Place of Business <b>505 PINE AVE. S.</b>	3. Mailing Address <b>505 PINE AVE. S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OLDSMAR, FL.</b>	City & State <b>OLDSMAR, FL.</b>	4. FEI Number <b>59-3480493</b>	Applied For <input type="checkbox"/>
Zip <b>34677</b>	Country <b>PINELLAS</b>	Zip <b>34677</b>	Country <b>PINELLAS</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRICE, CHARLES R. <del>1912 CASTLE BAY CT.</del> <b>505 PINE AVE. S.</b> OLDSMAR FL 34677		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Charles R. Price, PRES. DATE 4/8/00  
 CHARLES R. PRICE, PRES. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, CHARLES R <del>1912 CASTLE BAY CT.</del> <b>505 PINE AVE. S.</b> OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles R. Price DATE 4/8/00 (813) 855-5285  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #