

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90035 040 \*\*\*150.00

**DOCUMENT # P97000095635**

1. Entity Name  
**CHARLEEN C. RAMUS, P.A.**

Principal Place of Business

Mailing Address

**4807 BAYSHORE BLVD.  
THE CARRIAGE HOUSE  
TAMPA FL 33611  
US**

**8751 ESTERO BLVD  
#502  
FORT MYERS BEACH FL 33931**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**436 CHARTWELL PLACE**

**436 CHARTWELL PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FLORIDA**

City & State

**NAPLES, FLORIDA**

Zip

**34110**

Country

**USA**

Zip

**34110**

Country

**USA**

4. FEI Number **59-3474990**

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

**RAMUS, CHARLEEN C  
8751 ESTERO BLVD  
#502  
FORT MYERS BEACH FL 33931**

Name **CHARLEEN RAMUS JAFFE**

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

**436 CHARTWELL PLACE**

City **NAPLES**

**FL**

Zip Code **34110**

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 *Charleen Ramus Jaffe* **CHARLEEN RAMUS JAFFE, PSTD** 1/09/01

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 **PSTD** ☒ Delete  
NAME **RAMUS, CHARLEEN C**  
STREET ADDRESS **8751 ESTERO BLVD #502**  
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **CHARLEEN RAMUS JAFFE**  
STREET ADDRESS **436 CHARTWELL PLACE**  
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

*Charleen Ramus Jaffe* **CHARLEEN RAMUS** 1/09/01

Date

Daytime Phone #

**JAFFE**

(941) 649-2728

CR2E034 (10/00)