

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105751

1. Entity Name

PRESIDENTIAL SWEET CHARTERS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90110 032 ***150.00

Principal Place of Business

Mailing Address

8130 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

8130 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952-6713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500517

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

CARMAN, ROBERT O
8130 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

Name Robert O. Carman

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

1365 NIMITZ CT

Rockledge FL

City

FL

Zip Code

32955

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

Robert O. Carman

Robert O. Carman

4-02-00

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, 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
NAME CARMAN, ROBERT O
STREET ADDRESS 8130 S TROPICAL TRL
CITY-ST-ZIP MERRITT ISLAND FL 32952

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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:

Robert O. Carman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 504 9834

CR2E034 (9/99)