

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022021

1. Entity Name
ROGER CHERTON ENTERPRISES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90060 018 ***158.75

Principal Place of Business 4515 28TH PLACE S.W. NAPLES FL 34116 US	Mailing Address 4515 28TH PLACE S.W. NAPLES FL 34116-7839 US
---------------------------------------------------------------------------------------	--------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1594 NORTH GATE DR.	3. Mailing Address P.O. Box 8502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES FL	City & State NAPLES FL
Zip 34105 Country us.	Zip 34101 Country us

4. FEI Number 59-3508899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERTON, ROGER
4515 28TH PLACE S.W.
NAPLES FL 34116

SAME → *NEW ADDRESS ONLY*

Name **ROGER CHERTON**
Street Address (P.O. Box Number is Not Acceptable) **1594 NORTH GATE DR**
City **NAPLES** FL Zip Code **34105**

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 *B. Cherton* **ROGER CHERTON** DATE **2/7/2000**
Signature, typed or printed name of registered agent and title if applicable. (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 + 8.75
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 D	<input type="checkbox"/> Delete	TITLE CHERTON, ROGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHERTON, ROGER		NAME	
STREET ADDRESS 4515 28TH PLACE S.W.		STREET ADDRESS 1594 NORTH GATE DR.	
CITY-ST-ZIP NAPLES FL 34116		CITY-ST-ZIP NAPLES, FL 34105	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: *B. Cherton* **ROGER CHERTON** DATE **2/7/2000** Daytime Phone # **941-643-1028**
Signature and typed or printed name of signing officer or director

941-250-2951

CR2E034 (9/99)