# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2001 8:00 am**
**Secretary of State**
02-05-2001 90070 004 ***150.00

DOCUMENT # P98000022021

1. Entity Name
ROGER CHERTON ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1594 N GATE DR<br>NAPLES FL 34105<br>US | PO BOX 8502<br>NAPLES FL 34101<br>US |

D0013697

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3325 AIRPORT / PULLING Rd | P.O. Box 8502 |
| Suite, Apt. #, etc. F-5 | Suite, Apt. #, etc. |
| City & State NAPLES, FL | City & State NAPLES, FL |
| Zip 34105 Country USA. | Zip 34101 Country USA. |

4. FEI Number 59-3508899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHERTON, ROGER
1594 N GATE DR
NAPLES FL 34105

**7. Name and Address of New Registered Agent**

Name ROGER CHERTON
Street Address (P.O. Box Number is Not Acceptable)
3325 AIRPORT / PULLING Rd. # F-5
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 C Cherton ROGER C. CHERTON 1/4/2001
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHERTON, ROGER<br>1594 N GATE DR<br>NAPLES FL 34105 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/00)

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:** B C Cherton 1/4/2001 941-643-1028.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #