

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) AMENDED**

08-06-2002 90280.022 ****61.25
P98000053076

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000053076**

1. Entity Name

The Charge Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite 109, The Plaza

3. Mailing Address

Suite, Apt. #, etc.

4507 Furling Lane

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip

32541

Country

USA

Zip

Country

4. FEI Number

593528997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael L. Weimorts, Esq.

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

Suite 209, The Plaza

4507 Furling Lane

City

Destin

FL

Zip Code

32541

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/25/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Deborah Vizzina 124 Tuscany Drive Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Charles T. Vizzina 124 Tuscany Drive Destin, FL 32541
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02

DATE

850.650.6444

DAYTIME PHONE #

CR2E034B (12/01)