

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90224 003 \*\*\*150.00

**DOCUMENT # P98000071534**

1. Entity Name  
**CHARLIE'S LAW, INC.**

Principal Place of Business .... <b>MCMULLEN BOOTH ROAD</b> ..... <b>230</b> ..... <b>CLEARWATER FL 33759</b>	Mailing Address <b>2451 MCMULLEN BOOTH ROAD</b> <b>SUITE 230</b> <b>CLEARWATER FL 33759-1356</b>
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**C0081798**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>101 Philippe Parkway</b> Suite, Apt. #, etc. <b>Suite 210</b> City & State <b>Safety Harbor, FL</b> Zip <b>34695-3660</b>	3. Mailing Address <b>101 Philippe Parkway</b> Suite, Apt. #, etc. <b>Suite 210</b> City & State <b>Safety Harbor, FL</b> Zip <b>34695-3660</b>
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4. FEI Number <b>59-3528175</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**WARE, CHARLES H**  
**2451 MCMULLEN BOOTH ROAD**  
**SUITE 230**  
**CLEARWATER FL 33759**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WARE, CHARLES H</b> <b>2353 SHADE TREE LANE</b> <b>CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHWETTMAN, FREDERIC N</b> <b>2661 BEACH RD HOUSE 72</b> <b>WATSONVILLE CL 95076</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FOWLTER-MILLER, HOLLY</b> <b>2 BROWER CIR</b> <b>DURHAM NC 27705</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MAYES, SHARON V</b> <b>2353 SHADE TREE LANE</b> <b>CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARE, ELLEN E</b> <b>600 S MAGNOLIA AVE STE 225</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Forester-Miller, Holly</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sharon V. Mayes **Sharon V. Mayes** 4-27-00 727-723-1070  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)