

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000071534

1. Entity Name
CHARLIE'S LAW, INC.

Principal Place of Business 101 PHILLIPE PKWY STE 210 SAFETY HARBOR FL 346953660	Mailing Address 101 PHILLIPE PKWY STE 210 SAFETY HARBOR FL 346953660
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2. Principal Place of Business 853 MAIN STREET	3. Mailing Address 853 MAIN STREET
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Suite, Apt. #, etc. STE B	Suite, Apt. #, etc. STE B
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City & State SAFETY HARBOR FL	City & State SAFETY HARBOR FL
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Zip 34695	Country	Zip 34695	Country
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4. FEI Number 59-3528175	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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
 WARE CHARLES H
 Street Address (P.O. Box Number is Not Acceptable)
 853 MAIN STREET
 SUITE B
 City
 SAFETY HARBOR FL Zip Code
 34695

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 _____ **04/30/2001**
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	
TITLE D	<input type="checkbox"/> Delete
NAME WARE ELLEN E	
STREET ADDRESS 600 S MAGNOLIA AVE STE 225	
CITY-ST-ZIP TAMPA FL 33606	
TITLE TD	<input type="checkbox"/> Delete
NAME MAYES SHARON V	
STREET ADDRESS 2353 SHADE TREE LANE	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE SD	<input type="checkbox"/> Delete
NAME FORESTER-MILLER HOLLY	
STREET ADDRESS 2 BROWER CIR	
CITY-ST-ZIP DURHAM NC 27705	
TITLE VD	<input type="checkbox"/> Delete
NAME SCHWETTMAN FREDERIC N	
STREET ADDRESS 2661 BEACH RD HOUSE 72	
CITY-ST-ZIP WATSONVILLE CL 95076	
TITLE PD	<input type="checkbox"/> Delete
NAME WARE CHARLES H	
STREET ADDRESS 2353 SHADE TREE LANE	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: SHARON V. MAYES **TD** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)