## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # . **P98000071534** 

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

STE B

853 MAIN STREET

SAFETY HARBOR FL 34695

1. Entity Name CHARLIE'S LAW, INC.

Principal Place of Business

SAFETY HARBOR FL 34695

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

853 MAIN STREET

STE B



## May 01, 2003 8:00 am Secretary of State

05-01-2003 90810 038 \*\*\*150.00

CHECK HERE IF MAKING CHANGES										
4.	FEI Number 59-3528175	Applied For								
	39-3026173	Not Applicable								
5.		.75 Additional Required								
7.	Name and Address of New Registered Agent									

							N	lot Applicable		
Zip	Country	Zip	Country	·	5. Certificate of Status Desired		8.75 Ad			
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
WARE CHARLES II				Name						
WARE, CHARLES H			) ;	Street Address (P.O. Box Number is Not Acceptable)						
853 MAIN STREET			}		<del></del>					
SUITE B			}					]		
SAFETY HARBOR FL 34695			(	City		FL	Zip Coo	de		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE  Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
<del>-</del>	Signature, typed or printed name of registered agent and	o litte if applicable. (NOTE	: Hegistered Ag	ent signature required	when reinstating)	DAIE				
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Fil	nancing	\$5.0	00 May Be		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution			d to Fees		
10.	OFFICERS AND D		111.	<del></del>	ADDITIONS/CHANGES TO OFF	ICEBS AND I	DIBECTOR	99 IN 11		
TITLE	PD OPPICENS AND D	Delete	TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition		
NAME	WARE, CHARLES H	LT Delete	NAME	1			Change			
STREET ADDRESS	2353 SHADE TREE LANE		STREET A	DDRESS 150	11 East Lake Bd.#	96				
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-	ZIP PA	I East Lake Rd.# Im Harbor FL 3	34685		}		
TITLE	VD	☐ Delete	TITLE	- 1	<del> </del>		Change	Addition		
NAME	SCHWETTMANN, FREDERIC N		NAME	l (	O L. A. saus St.	#701	$\Im$			
STREET ADDRESS	2661 BEACH RD HOUSE 72		STREET A	odress $ 50\rangle$	Pu'u Anoano Sti haina, HI 9676	110016	/ <b>!</b>			
CITY+ST-ZIP	WATSONVILLE CL 95076		CITY-ST-	ZIP La	nama, HI 9676	21				
TITLE	SD	☐ Delete	TITLE		•	1	Change	Addition		
NAME	FORESTER-MILLER, HOLLY		NAME	Į.						
STREET ADDRESS	2 BROWER CIR		STREET A	•						
CITY-ST-ZIP	DURHAM NC 27705		CITY-ST	- ZIP						
TITLE	ΤD	☐ Delete	TITLE	1			Change	☐ Addition		
NAME	MAYES, SHARON V		NAME	1 A ST. 1	East Lake Rd. # 31	7 <del>6</del>				
STREET ADDRESS	2353 SHADE TREE LANE		STREET	ODRESS (SO)	1005 Dane 41 21	415		·		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST	-ar Fai	MHAIDO 123		<u></u>			
TITLE	0 /	🗌 Delete	JJTIT	$ \mathcal{A} $		f	Change	Addition (		
ar	WARE FLIENCE		NAME	<>\	wild HIMANISA	ray,		ות		
NAME	I WANC, CLLCIA C		ATOPET	THUBLOG (	A A A H A	7	FZ'/	01		
}	THE PARTY OF THE ARM AND	1	31ACL	ADDRESS 5	TILL THURSE	rdy +	, 1			
STREET ADDRESS 600 S MAGNOLIA AVE STE 225		}	14,	יונג וטוי יייייו	II. 1		1			
CITY-ST-ZIP	TAMPA FL 33606		CITY-S	T-ZIP	anaina, tri 16	101_				
TITLE		☐ Delete	TITLE	1	~		☐ Change	Addition		
NAME			NAME	}	• •					
STREET ADDRES	s			ADDRESS		محند				
CITY-ST-ZIP			CITY-S	51-4P			us that the	information		

12. 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 it made under oath; that I am an officer or currectly 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 10 of Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUBJECT OF PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR