

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103971

1. Entity Name

CHARLOTTE NOETHEN CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90003 046 ***150.00

Principal Place of Business

Mailing Address

2198 MAIN STREET
 SARASOTA FL 34237

2189 SONOMA DR
 NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

2229 SONOMA DR.

2229 SONOMA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NOKOMIS, FL.

NOKOMIS, FL.

City & State

City & State

34275

34275

Zip

Country

SARASOTA

Zip

Country

SARASOTA

4. FEI Number

65-0881386

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLOTTE, FELIX J
 2189 SONOMA DR
 NOKOMIS FL 34275

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME D NOETHEN, ADREAS
 STREET ADDRESS TEGELWEG 73
 CITY-ST-ZIP 22159 HAMBURG GERMANY

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D CHARLOTTE, FELIX
 STREET ADDRESS 2189 SOMONA DR.
 CITY-ST-ZIP NOKOMIS, FL 34275

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

1-29-00

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