2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900005744 CHARLES S. ANDREWS, INC.								FILED Apr 10, 2002 8:00 am Secretary of State 04-10-2002 90470 003 ***150.00					
Principal Place of Business 3766 SE OCEAN BLVD. STUART FL 34996			Mailing Address 3766 SE OCEAN BLVD. STUART FL 34996				828298						
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WE	RITE IN THIS SI	PACE			
City & State			City & State			4.	FEI Number	65-088994	9	-	pplied For ot Applicable]	
Zip Country			Zip Cour		try	5.	Certificate of	Status Desired		8.75 Ad			
	6. Name	and Address of Current R	egistered Agent		Name	7. 1	Name and A	ddress of New			. = · +5°	1	
STUART W. GILBERTSON, C.P.A. 2200 NORTHEAST 26TH STREET					Street Address (P.O. Box Number is Not Acceptable)								
WILTON I	MANORS FI	L 33305		City	FL Zip Code						<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			00 State	10. Elect Trust	ion Campaign F Fund Contribut HANGES TO OF	ion.	Adde	00 May Be d to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDREWS, CHARLES S 4198 SE FAIRWAY COURT STUART FL 34994					· \ <u>-</u>				Change	Addition	CR2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			11 -						☐ Change	☐ Addition	5	
NAME STREET ADDRESS CITY-ST-ZIP			÷fi • • • • • • • • • • • • • • • • • • •	NAMI STRE	ET ADDRESS -ST-ZIP	ير سياوټ		, a <u>g</u> s.		Change -	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			ll .						(Change	Addition		
indicated of the cor	on this repor poration or th or on an atta	e information supplied with the tor supplemental report is true receiver or trustee empowers the interest with an address, with an address, with an address.	ue and accurate and that me ered to execute this report a	y signat	ure shall have	the same	legal effect a	s if made under	r oath; that I am	n an officer	or director		

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #