## 5/23 FILED DOCUMENT # P99000017720 Jun 29, 2000 8:00 am Secretary of State T. Entity lame CHARBOWL PROPERTIES, INC. 05-23-2000 90269 005 \*\*\*150.00 Mailing Address Principal Place of Business-P.O. BOX 444 P.O. BOX 444 FERNANDINA BEACH FL 32035-0444 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3561027 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOWLING, CHARLOTTE D Street Address (P.O. Box Number is Not Acceptable) 503 CENTRE STREET FERNANDINA BEACH FL 32034 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSD** Change ☐ Addition TITLE Dalete TITLE BOWLING, CHAROLTTE D NAME NAME CR2E034 **503 CENTRE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZVP Change | Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Oeiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

2000 UNIFORM BUSINESS REPORT (UBR)