

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90175 001 ***300.00

0361575 AV

DOCUMENT # P99000025245

1. Entity Name
CHARLES LAW CONSTRUCTION INC. II

Principal Place of Business

Mailing Address

**9462 SUNPOINT DR
 BOYNTON BEACH FL 33437**

**9462 SUNPOINT DR
 BOYNTON BEACH FL 33437**

2. Principal Place of Business

506 XANADU PLACE

3. Mailing Address

506 XANADU PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

65-0978181

Applied For

Not Applicable

Zip
33477

Country

Palm Bch

Zip

33477

Country

Palm Bch.

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

**LAW, CHARLES F JR
 506 XANADU PLACE
 JUPITER FL 33477**

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 _____ (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, 2002 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 **PVST** ☐ Delete
 NAME **LAW, CHARLES F JR**
 STREET ADDRESS **506 XANIA PLACE**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Charles F. Law
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 54 741-7523

Date

Daytime Phone #

CR2E034 (9/01)