

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90101 004 \*\*\*150.00

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

DOCUMENT # P 99000038404

1. Entity Name

CHARLENE AND RHONDA, INC  
d/b/a MUNCHKIN MANOR PRE SCHOOL

**DO NOT WRITE IN THIS SPACE**

763397

2. Principal Place of Business

22094 KIMBLE AVE

Suite, Apt. #, etc.

3. Mailing Address

20358 COPELAND AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-0914055

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

TYLER, CHARLENE A

Street Address (P.O. Box Number is Not Acceptable)

20358 COPELAND AVE

City

PORT CHARLOTTE

FL

Zip Code

33952

**DO NOT WRITE  
IN THIS SPACE**

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

Charlene Tyler  
Signature, typed or printed name of registered agent, to file if applicable.

CHARLENE TYLER, PRES 3-25-02

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P, D  
NAME TYLER, CHARLENE A  
STREET ADDRESS 20358 COPELAND AVENUE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME RODRIGUEZ, RHONDA  
STREET ADDRESS 20358 COPELAND AVENUE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlene Tyler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLENE TYLER, PRES 3-25-02 (941) 764-9614

Date

Daytime Phone #

CR2E034B (12/01)