

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048499

1. Entity Name
CHARLESTON CORPORATION

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90102 046 ***150.00

Principal Place of Business

**1009 WELLINGTON AVENUE
LEHIGH ACRES FL 33972**

Mailing Address

**1009 WELLINGTON AVENUE
LEHIGH ACRES FL 33972**

A0014555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0920520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEROUEN, SHELLEY A
1953 COLONIAL BOULEVARD
FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name *Shelly A. Deroen*

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

12730 New Button Blvd.

City

St. Myers

FL

Zip Code

33907

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, 2001 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

TITLE **PVST** ☐ Delete
NAME **CHARLESTON, CHRISTOPHER**
STREET ADDRESS **1009 WELLINGTON AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **D** ☐ Delete
NAME **CHARLESTON, CHRISTOPHER**
STREET ADDRESS **1009 WELLINGTON AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)