

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050554

1. Entity Name

THE CORPORATE CHARACTER, INC.

Principal Place of Business

131 KENILWORTH ROAD
PENSACOLA FL 32503

Mailing Address

131 KENILWORTH ROAD
PENSACOLA FL 32503

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WARD, SUSAN R
131 KENILWORTH ROAD
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Susan R. Ward
131 Kenilworth Rd
Pensacola, FL 32503

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000003459940-7
-11/09/00-01125-020
****158.75 ****158.75

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2000

(850) 432-2233

Date Daytime Phone #

CR2E034 (5/00)

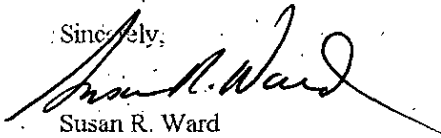
October 13, 2000

To Whom It May Concern:

I did not receive a reinstatement notice to renew my corporate status. However, I received a *second* notice which stated that I owed an additional \$400 at which time I called your office. After explaining my situation, someone there instructed me to send only the original fee of \$150 (plus \$8.75 certificate fee) by the deadline with an explanation that I had never received the first notification. I responded immediately and sent you a check and letter of explanation. However, I left the "Pay To" line on the check blank (I assumed you would have a stamp) and it was returned to me to complete, which I did promptly and returned it to you the following day. Last week, I received a notice of Dissolution/Revocation along with my check.

Due to the fact that I sent in all the requested information in accordance to the deadlines, I am resubmitting my check to you and would like to request a *waiver* for the additional fees. I appreciate your assistance in this matter and if you have any questions or concerns you may reach me at (850) 484-1644 Monday thru Thursday 8AM-6 PM and at (850) 432-2233 Fridays. Thank you.

Sincerely,


Susan R. Ward