

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000052218**

1. Entity Name

**CHARRON ENTERPRISES, INC.****FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90032 019 \*\*\*150.00

Principal Place of Business

**157 BERKELEY ST.  
SATELLITE BEACH FL 32937**

Mailing Address

**157 BERKELEY ST.  
SATELLITE BEACH FL 32937**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59 3581811**

Applied For

Not Applicable

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

**CHARRON, NANCY J "JUDY"  
157 BERKELEY ST.  
SATELLITE BEACH FL 32937**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHARRON, PHILIP A**  
CITY-ST-ZIP **157 BERKELEY ST.  
SATELLITE BEACH FL 32937**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHARRON, NANCY J "JUDY"**  
CITY-ST-ZIP **157 BERKELEY ST.  
SATELLITE BEACH FL 32937**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHARRON, BRYCE A**  
CITY-ST-ZIP **1669 PALM RIDGE ROAD  
MELBOURNE FL 32935**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

**8/28/00**  
Date**321 773 7034**  
Daytime Phone #

CR2E034 (5/00)

Attachment  
D#099000072018  
00081382

## CHARRON ENTERPRISES INC.

157 BERKELEY STREET  
SATELLITE BEACH, FL 32937

PAGE 321-455-7800

Telephone 321-773-7034  
Fax 321-773-5244

August 21, 2000

Florida Department of State, Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear UBR:

Thank you for a prompt response to my e-mail inquiry today (I actually received two!).

This letter is to notify you that I apparently never received a "First" notice to refile. I only learned of it when I received my "Second" notice and it had a deadline date of 9/13/00. When I opened it today, thinking I had plenty of time, I learned of a late fee.

I request relief from this fee as I never received any other notice/form to accomplish a report.

Very Truly Yours,



Philip A. Charron  
V. P. Operations