2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057035

Entity Name

CHARIS INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

1300 N.E. BUSINESS PARK PLACE IFNSEN BEACH FL 34957

SIGNATURE:

1300 N.E. BUSINESS PARK PLACE JENSEN BEACH FL 34957-5323

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARTWRIGHT, ALLISON Street Address (P.O. Box Number is Not Acceptable) 1300 N.E. BUSINESS PARK PLACE JENSEN BEACH FL 34957 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE NAME Thomas Cartwright STREET ADDRESS STREET ADDRESS 1300 NE Business Park Place CITY-ST-ZIP CITY-ST-ZIP Jensen Beach, FL 34957 ☐ Delete Addition ☐ Change TITLE NAME NAME Thomas P. Cartwright STREET ADDRESS STREET ADDRESS 1300 NE Business Park Jensen Beach, FL 3495 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME Allison Cartwright STREET ADDRESS STREET ADDRESS 1300 NE Business Park Place CITY-ST-ZIP Jensen Beach, FL 34957 CITY-ST-ZIP Change Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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

FICER OR DIRECTOR

 \mathtt{FILED}

Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90209 020 ***150.00