

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90001 022 ***150.00

DOCUMENT # P99000062177**1. Entity Name**
CHARLIE'S SEAFOOD ENTERPRISES INC.**Principal Place of Business**
6731 LINDEN DR.
HOMOSASSA SPRINGS FL 34446**Mailing Address**
P O BOX 420025
SUMMERLAND KEY FL 33042
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3588048**☒ **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****IPPOLITO, MARIA L**
6731 LINDEN DR.
HOMOSASSA SPRINGS FL 34446

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 \$150.00**
After May 1, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **IPPOLITO, MARIA L**
STREET ADDRESS **P.O. BOX 36 N/A**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **IPPOLITO, CHRISTOPHER**
STREET ADDRESS **2102 36TH ST.**
CITY-ST-ZIP **TAMPA FL 33605****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 or without other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
MARIA IPPOLITO**FEB-1-2002**

Date

Daytime Phone #

CR2E034 (9/01)