

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90254 004 ***159.00

DOCUMENT # **99000063083**

1. Entity Name

CHARTER CORPORATION

Principal Place of Business

**10502 NILE CT.
 TAMPA, FL. 33615**

Mailing Address

**P.O. Box 262258
 TAMPA, FL. 33685**

2. Principal Place of Business

10502 NILE COURT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 262258

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA FL.

4. FEI Number

59-3600086

☒ Applied For
☐ Not Applicable

Zip

33615

Country

ALLS BUILT

Zip

33685

Country

HILLSBORO

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0068597

6. Name and Address of Current Registered Agent

**RECHLOA MARIE ORLANDO
 P.O. Box 262258
 TAMPA FL. 33685**

7. Name and Address of New Registered Agent

Name

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

10502 NILE COURT

City **TAMPA**

FL

Zip Code **33615**

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

4/27/01

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 **PRESIDENT - OWNER** ☐ Delete
 NAME
 STREET ADDRESS **RECHLOA MARIE ORLANDO**
 CITY-ST-ZIP **10502 NILE COURT**

TITLE **TAMPA, FL. 33615** ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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

TITLE ☐ Change ☐ Addition

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

Daytime Phone #

CR2E034 (11/00)