

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90043 024 \*\*\*150.00

**DOCUMENT # P99000068838**

1. Entity Name  
**C & M OF CHARLOTTE, INC.**

Principal Place of Business <b>UNIT M22, FISHERMAN'S VILLAGE          1200 W RETTA ESPLANADE          GORDA FL 33950</b>	Mailing Address <b>UNIT M22, FISHERMAN'S VILLAGE          1200 W RETTA ESPLANADE          PUNTA GORDA FL 33950-5325</b>
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**706027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>65-0938867</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <sup>no</sup>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**PAVANO, CARL A  
 UNIT M22, FISHERMAN'S VILLAGE  
 1200 W RETTA ESPLANADE  
 PUNTA GORDA FL 33950**

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 \_\_\_\_\_ (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, 2000 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	PAVANO, CARL A 701 AQUI ESTE DR, UNIT 2 PUNTA GORDA FL 33950	TITLE P	PAVANO, Carl A 16240 Branco Dr Punta Gorda FL 33955
TITLE D	PAVANO, MARTHA A 701 AQUI ESTE DR, UNIT 2 PUNTA GORDA FL 33950	TITLE V/T/S	PAVANO, Martha A 16240 Branco Dr Punta Gorda FL 33955
TITLE		TITLE	
TITLE		TITLE	
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TITLE		TITLE	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Carl Pavano 941-505-6294  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)