


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 021 ***150.00

80057330

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|-----------------------|--|-----------------------|
| DOCUMENT # P99000089341 | |  | |
| 1. Entity Name CHARTON SERVICE INC. | | | |
| Principal Place of Business 2058 ARBOUR WALK CIRCLE APT. 3311 NAPLES, FL 34109 | | Mailing Address 2058 ARBOUR WALK CIRCLE APT. 3311 NAPLES, FL 34109 | |
| 2. Principal Place of Business 7063 LONG OAK BLVD. | | 3. Mailing Address 7063 LONG OAK BLVD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State NAPLES FL | | City & State NAPLES FL | |
| Zip 34109 | Country USA | Zip 34109 | Country USA |
| 5. Name and Address of Current Registered Agent CHARTON, CLEMENCIA 2058 ARBOUR WALK CIRCLE APT. 3311 NAPLES, FL 34109 | | 4. FEI Number 59-3644853 | |
| | | Applied For Not Applicable | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7063 LONG OAK BLVD City NAPLES FL Zip Code 34109 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 3/13/03 (NOTE: Registered Agent signature required when changing.) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| Delete <input type="checkbox"/> | | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>[Signature]</i> | | DATE: 3/13/03 (235) | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034 (10/02)