FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92140 001 ***300.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090936

1. Entity Name
CHARGE COMPANY UNLIMITED, INC.

55037874

Principal Place of Business	Mailing Address
14923 GLASGOW COURT TAMPA, FL 33625	PO BOX 750 LUTZ, FL 33548 US

2. Principal Place of Business		3. Mailing Address	
18002 Richmond Pl Dr.		19001 Norller Ct	
Suite, Apt. #, etc. #915		Suite, Apt. #, etc.	
City & State: Tampa, Fl		City & State: Lutz, Fl	
Zip: 33647	Country: USA	Zip: 33548	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0958617 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STONE, ELAINE
19001 NORLLER COURT
LUTZ, FL 33549

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS ☐ Delete	TITLE	PS ☒ Change ☐ Addition
NAME	STONE, DWIGHT, JR	NAME	STONE, Dwight M
STREET ADDRESS	~~14923 GLASGOW CT~~ 18002 Richmond	STREET ADDRESS	18002 Richmond Place Dr. #915
CITY-ST-ZIP	TAMPA, FL 33625	CITY-ST-ZIP	Tpa, Fla 33647
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Dwight M Stone — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/20/03 Daytime Phone #: 813 690-7861