FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90351 002 ***150.00

DOCUMENT # P99000096319

1. Entity Name
Charles Richmond Properties, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
126 Dundee Rd
Suite, Apt. #, etc.
City & State
Daytona Bch FL
Zip 32118 Country USA

3. Mailing Address
126 Dundee Rd
Suite, Apt. #, etc.
City & State
Daytona Bch
Zip 32118 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610981
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Doris A Yount
Street Address (P.O. Box Number is Not Acceptable)
126 Dundee Rd
City: Daytona Bch FL Zip Code: 32118

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: Doris Yount
Signature of new or additional registered agent (if applicable) (NOTE: Registered agent signature is required for filing) DATE

9. This corporation is a guide to satisfy its Intangible Tax filing requirement and elects to comply. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME: Doris A Yount STREET ADDRESS: 126 Dundee Rd CITY-ST-ZIP: Daytona Bch FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Doris Yount Doris Yount 4/29/02 386-763-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #