

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90294 033 ***150.00

843535



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000103153

1. Entity Name
CHARLES T. STUDIO, INC.

Principal Place of Business Mailing Address
1280 D PARKSIDE GREEN 1280 D PARKSIDE GREEN
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415

2. Principal Place of Business 3. Mailing Address
1886 N.W. 29TH ST. 1886 N.W. 29TH ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. LAUDERDALE, FL. FT. LAUDERDALE
Zip Country Zip Country
33311 BROWARD 33311 BROWARD

4. FEI Number Applied For
65-0991340 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CONNELLY, CHARLES T
2095 NORTH ANDREWS
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name **CHARLES T. CONNELLY**
Street Address (P.O. Box Number is Not Acceptable)
1886 N.W. 29TH ST.
City **FT. LAUDERDALE** FL Zip Code **33311**

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 **CHARLES T. CONNELLY** **PRESIDENT** **4/27/00**
Signature, typed or printed name of registered agent and title if applicable (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CONNELLY, CHARLES T	1280 D PARKSIDE GREEN	WEST PALM BEACH FL 33415	<input type="checkbox"/>
D	CONNELLY, KATHY	1280 D PARKSIDE GREEN	WEST PALM BEACH FL 33415	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **CHARLES T. CONNELLY** **PRES.** **4/26/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)