

FILED
May 29, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90404 035 ***150.00

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

DOCUMENT # **S22983**

1. Entity Name
CHARLOTTE COUNTY WHOLESALE, INC.



Principal Place of Business
**900 TAMiami TRAIL
PORT CHARLOTTE FL 33953**

Mailing Address
**900 TAMiami TRAIL
PORT CHARLOTTE FL 33953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0236901**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OAKS, DAVID K
201 W MARION AVE
SUITE 205
PUNTA GORDA FL 33950**

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 **SD** ☐ Delete
NAME **GILL, MICHAEL JAMES**
STREET ADDRESS **33900 BERMONT RD**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GILL, DENNIS SCOTT**
STREET ADDRESS **33900 BERMONT RD**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **GILL, DIANE E**
STREET ADDRESS **168 SE CHOOP LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME **DIANE E GILL**
STREET ADDRESS **2152 MISTLETOE LANE**
CITY-ST-ZIP **NORTH PORT, FL 34886**

TITLE **D** ☐ Delete
NAME **GILL, ROBERT R**
STREET ADDRESS **168 CROOP LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME **ROBERT R GILL**
STREET ADDRESS **2152 MISTLETOE LANE**
CITY-ST-ZIP **NORTH PORT FL 34886**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Diane E Gill

521-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)