

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90250 009 ***150.00

DOCUMENT # **S52460**

1. Entity Name
CHARLIE & TY, INC.



**** NOTE CHANGE OF ADDRESS**

Principal Place of Business **CHARLIE & TY, INC.** Mailing Address **2237 NE 20th STREET**
~~2441 NE 26 AVE.~~ **2237 NE 20th STREET**
~~FORT LAUDERDALE FL 33305~~ **FORT LAUDERDALE FL 33305**
~~US~~ **US**



2. Principal Place of Business **2237 NE 20 STREET** 3. Mailing Address **2237 NE 20 STREET**
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State **FORT LAUDERDALE FL** City & State **FORT LAUDERDALE FL** 4. FEI Number **65-0264943** Applied For
Zip **33305** Country **USA** Zip **33305** Country **USA** 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **BEARDSLEY, CHARLES F.** 7. Name and Address of New Registered Agent
2441 NE 26 AVE **CHARLES F. BEARDSLEY**
FORT LAUDERDALE FL 33305 **2237 NE 20th STREET**
FORT LAUDERDALE FL 33305 Street Address (P.O. Box Number is Not Acceptable) **2237 NE 20 STREET**
City **FORT LAUDERDALE FL** Zip Code **33305**

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 *Charles F. Beardsley* DATE **2-11-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing ☐ **\$5.00** May Be
After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEARDSLEY, CHARLES F.		NAME		
STREET ADDRESS	2441 NE 26 AVE		STREET ADDRESS	2237 NE 20 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIRISOMBOONCHAROEN, A.		NAME		
STREET ADDRESS	2441 NE 26 AVE		STREET ADDRESS	2237 NE 20 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Charles F. Beardsley* DATE **1-10-03** 954 630 1558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHARLES F. BEARDSLEY, PRESIDENT** Daytime Phone #

0309649 AV

CR2E034 (10/02)