

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90143 021 ***150.00

0626390 AV

DOCUMENT # V00695

1. Entity Name
CHARLOTTE CAPITAL, INC.



Principal Place of Business
**3158 LAKEVIEW BLVD.
PORT CHARLOTTE FL 33948
US**

Mailing Address
**3158 LAKEVIEW BLVD.
PORT CHARLOTTE FL 33948
US**

2. Principal Place of Business
1212 ENTERPRISE DR.

3. Mailing Address
1212 ENTERPRISE DR

Suite, Apt. #, etc.
UNIT 7

Suite, Apt. #, etc.
UNIT 7

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

Zip
33953

Country
USA

Zip
33953

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0327824**

Applied For
Not Applicable

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

**BOWERING, DOUGLAS J.
3158 LAKEVIEW BLVD.
PORT CHARLOTTE FL 33948**

Name
DOUGLAS J. BOWERING

Street Address (P.O. Box Number is Not Acceptable)
1212 ENTERPRISE DR.

UNIT 7

City **PORT CHARLOTTE**

FL

Zip Code
33953

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 **DOUGLAS J. BOWERING**

APR 2/03

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 D	<input type="checkbox"/> Delete
NAME BOWERING, DOUGLAS J.	
STREET ADDRESS 3158 LAKEVIEW BLVD.	
CITY-ST-ZIP PORT CHARLOTTE FL 33948	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGLAS J. BOWERING	
STREET ADDRESS 1212 ENTERPRISE DR. UNIT 7	
CITY-ST-ZIP PORT CHARLOTTE FL 33953	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DOUGLAS J BOWERING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2/03

Date

(941) 255-5340

Daytime Phone #

CR2E034 (10/02)