

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04127

1. Entity Name

CHARTER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1141 HOLLAND DR. #31
BOCA RATON FL 33487
US

1141 HOLLAND DR #31
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

5101 Palm Way
Suite, Apt. #, etc.

5101 Palm Way
Suite, Apt. #, etc.

City & State

City & State

Lake Worth

Lake Worth

Zip

Country

Zip

Country

33463

PALMBch

33463

PALMBch.

6. Name and Address of Current Registered Agent

4. FEI Number

65-0321890

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE *Linda B. Burke*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BURKE, LINDA B.
5101 PALM WAY
LAKE WORTH FL 33463 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BURKE, JOSEPH K.
5101 PALM WAY
LAKE WORTH FL 33463 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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:

Linda B. Burke VP

4-16-01 (561) 994-3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0300668

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90141 049 ***150.00



DO NOT WRITE IN THIS SPACE