

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90027 034 ***150.00

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1. Entity Name
E. HUGH CHAPPELL, JR., P.A.

Principal Place of Business
~~420 N E 3 ST~~
FT LAUDERDALE FL 33301

Mailing Address
~~420 N E 3 ST~~
FT LAUDERDALE FL 33301

60000377



2. Principal Place of Business
328 CONAL WAY
Suite, Apt. #, etc.

3. Mailing Address
328 CONAL WAY
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE FL

City & State
FTL, FL

4. FEI Number **59-1668232**

Applied For
Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

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

CHAPPELL, E. HUGH JR.
~~420 N E 3 ST~~ **328 CONAL WAY**
FT LAUDERDALE FL 33301

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 Delete
NAME **PD CHAPPELL JR, E HUGH**
STREET ADDRESS ~~420 N E 3RD ST~~ **328 CONAL WAY**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

954-467-2727

Daytime Phone #

CR2E034 (10/02)