

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90030 017 ****61.25

DOCUMENT # 719062

1. Entity Name

CHIPPER, INC.

Principal Place of Business

Mailing Address

**1040 CRYSTAL LAKE DR.
 APT 3
 POMPANO BCH. FL 33064
 US**

**1040 CRYSTAL LAKE DR.
 APT 3
 POMPANO BCH. FL 33064-1929
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0132258

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

**PENTZ, ROBBY
 1040 CRYSTAL LAKE DR.
 APT 3
 POMPANO BCH. FL 33064**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DENTZ, ROBBY	
STREET ADDRESS	1040 CRYSTAL LAKE DR, #3	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GIBBS, JOHN	
STREET ADDRESS	1040 CRYSTAL LK DR #4	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLAN, GAIL	
STREET ADDRESS	1040 CRYSTAL LK DR #1	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNYDER, ELAINE	
STREET ADDRESS	1040 CRYSTAL LK DR #2	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pentz, Robby	
STREET ADDRESS	1040 Crystal Lake DR #3	
CITY-ST-ZIP	Pompano Bch. FL 33064	
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 617, 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: *Robby Dentz* **ROBBY DENTZ** 4-12-2000 (954)-943-5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)