

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90039 023 ****61.25

840078



DO NOT WRITE IN THIS SPACE

DOCUMENT # 746050

1. Entity Name
CHATEAU TOWER, INC.

Principal Place of Business: 2753 S.R. 580, STE.207 CLEARWATER FL 33761 US
 Mailing Address: 2753 S.R. 580, STE.207 CLEARWATER FL 33761 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **59-2028061** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REARDON, MAUREEN
2753 S.R. 580, SUITE 207
CLEARWATER FL 33761

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: _____
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: VD NAME: MCCLURE, ANNA STREET ADDRESS: 7050 SUNSET DRIVE S, 1106 S PASADENA FL 33707-2875	<input type="checkbox"/> Delete	TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RAMOSKA, MARTHA STREET ADDRESS: 7050 SUNSET DRIVE #604 SOUTH PASADENA FL 33707	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Chris Mannari STREET ADDRESS: 7050 Sunset Drive S. #506 S. Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: BARTHEL, HENRY STREET ADDRESS: 7050 SUNSET DRIVE S-306 S. PASADENA FL 33707	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Sol markman STREET ADDRESS: 7050 Sunset Drive S. #501 S. Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LUCAS, NORMAN STREET ADDRESS: 7050 SUNSET DRIVE S-306 S. PASADENA FL 33707	<input type="checkbox"/> Delete	TITLE: VD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JARED, J.B. STREET ADDRESS: ROUTE 2, BOX 48 MCEWEN TN 37101-9409	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TRROUT, MAX STREET ADDRESS: 7050 SUNSET DRIVE SOUTH PASADENA FL 33707-2873	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anna B. McClure* **4-30-01** **(727)343-8002**
 ANNA B. MCCLURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment
840078

Addition

Doc. # 746050

D

Mike Roux

R.R. 2, Box 1619

Litchfield, ME 04350