

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
03 APR -3 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F52844**
1. Entity Name
CHANDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24123 PERCHLAND BLVD
Suite, Apt. #, etc.
A-17

3. Mailing Address
City & State
PORT CHARLOTTE FL
Zip
33954 Country
U.S.

000016983150
04/25/03--01001--009 **150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number
59 2129776
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: **James G. Perilstein**
Street Address (P.O. Box Number is Not Acceptable)
8456 Abington Cir.
City **Naples** FL **34108**

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  **JAMES PERILSTEIN** DATE **2-1-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES G. PERILSTEIN PRESIDENT, DIRECTOR 8456 ABBINGTON CIRCLE NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jim gave permission to correct R/A.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT, DIRECTOR RICHARD M. STANDARD 11721 MANOR LEAWOOD, KANSAS 66211	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JPM 4/3/03
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** DATE **2-1-03** DAYTIME PHONE # **239-287-1955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)