

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90074 041 \*\*\*150.00

DOCUMENT # **F97000001944**



1. Entity Name  
**CHIP SHOP GOLF COURSE CORPORATION**

Principal Place of Business  
**2370 TAMIAMI TRAIL  
PORT CHARLOTTE FL 33952**

Mailing Address  
**2370 TAMIAMI TRAIL  
PORT CHARLOTTE FL 33952**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**Picture Accessory Outlet  
Suite, Apt. #, etc. 2340 Tamiami**

3. Mailing Address  
**2340 Tamiami Trail  
Suite, Apt. #, etc.**

City & State  
**Port Charlotte, FL**

City & State  
**Port Charlotte FL**

Zip  
**33952**

Country  
**Charlotte**

Zip  
**33952**

Country  
**Charlotte**

4. FEI Number  
**42-1357143**

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

**FLOWERS, CAROL  
2370 TAMIAMI TRAIL  
PORT CHARLOTTE FL 33952**

Name  
**Flowers, Carol**

Street Address (P.O. Box Number is Not Acceptable)  
**2340 Tamiami Trail  
Port Charlotte**

City  
**FL**

Zip Code  
**33952**

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 *Carol Flowers* **Carol Flowers** **March 12, 03**

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 NAME STREET ADDRESS CITY-ST-ZIP	V FLOWERS, CAROL D 2370 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS, E E 2370 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C. Flowers 2340 Tamiami Port Charlotte, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2340 Tamiami Port Charlotte, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Carol Flowers* **Carol Flowers** **March 12, 03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)