2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Jan 23, 2001 8:00 am DOCUMENT # L52891 **Secretary of State** ∴1. Entity Name CHECKERBOARD SQUARE, INC. 01-23-2001 90030 025 ***158.75 Principal Place of Business Mailing Address PO BOX 8928 PO BOX 8928 PORT ST LUCIE FL 34985 PORT ST LUCIE FL 34985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0173241 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent-MOORMAN, CLAUDE T II Street Address (P.O. Box Number is Not Acceptable) 8241 S US #1 PORT ST LUCIE FL 34952 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **DPS** ☐ Addition TITLE ☐ Delete TITLE Change BISHOP, CONNIE E. NAME NAME STREET ADDRESS 8241 SOUTH US #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORMAN, CLAUDE T II, MD NAME NAME STREET ADDRESS 8241 SOUTH US #1 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PORT ST. LUCIE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 13. 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 of trustee empower of to proceed by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if