## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900003686						general O E	<b>-</b>	~	
CHIPPERFIELD & CHAUVIN PROPERTIES, LLC					FILED				
						01 JAN 29 P	M12: 12	•	
Principal Place of Business Mailing Address					SECRETARN OF CT.				
930 BRITT COURT, SUITE 124 930 BRITT COURT, SUITE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL					SECRETARY OF STATE TALEAHASSEE, FLORIDA				
VEIVMONIE	OFFINOS IL SZ701	ALIAMONTE GENINOS	L 32/01		I IABITIAN		NAMES OF STREET	A: (16)( <b>4.6</b> )(1 <b>16</b> )	
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	Place of Business	3. Mailing Address				T TERMINEN BIR IDING IBIN BENI BENI BENI BENI BENI BENI BENI			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	re	City & State	City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip: Country Z		Zip	Country Country		5. Certificate of Status Desired Speed \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Nome	7. Name and A	Address of New Registered	Agent		
CHAUVIN, DAVID A				Name					
	T COURT, SUITE 124			Street Address	P.O. Box Number is Not Acceptable)				
	NTE SPRINGS FL 32701		Ī		<del>, , , , , , , , , , , , , , , , , , , </del>				
-			-	City	-	F	Zip Code	e	
9 The above	named entity submits this statement for	or the surrose of chancing its	n sociatoro	d office or registe	rad agent or both				
o. The above	mariled emity soomits (ins statement it	or the purpose of changing to	s regisierer	a onice or registe	red agent, or both,	is the state of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO)	TE: Registered	Agent signature required	t when reinstating)	DATE			
	orginature, types or printed reality or registered again.				witer (enstating)				
				EE IS \$50.00	6 01-1-				
	•	Make Check Pr	ayabie to	Department o	or State				
9.	MANAGING MEMB		10.			ADDITIONS/CHANGE			
TITLE NAME	MGRM   MILLWORK INTERNATIONAL, IN	C Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	930 BRITT COURT, SUITE 124	<b>υ</b> ,		T ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	1	CITY-	ST-ZIP	6(	<u> </u>		7	
TITLE		☐ Delete	TITLE			-02/02/01		eo oo l'	
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STREET ADDRESS CITY-ST-ZIP			STREE CITY-	T ADDRESS					
TITLE		Delete	TITLE	51-217			☐ Change	☐ Addition	
NAME			NAME		$\mathcal{M}$	,	[_] Change		
STREET ADDRESS			1	T ADDRESS	~ (·			1	
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE NAME		Delete	NAME				Change	☐ Addition	
STREET ADDRESS				r address					
CITY-ST-ZIP			CłTY-S	ST-ZIP					
11. I hereby of	certify that the information supplied with on this report is true and accurate and bility company or the receiver or the company or the	this filing does not qualify for	or the exem	ption stated in Se	ection 119.07(3)(i),	Florida Statutes, I further or	ertify that the in	nformation	
limited lia	hility company or the receiver or telepho	a amnouvered to evenute this	roport so	raguirad by Chea	tor 600 Æleride Ste	nor rom a managing mont	, or or manage	. 01 010	