## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

## Feb 07, 2002 8:00 am Secretary of State **DOCUMENT #** P01000048174 1. Entity Name 02-07-2002 90316 031 \*\*\*150.00 CHANTRY LAND CORPORATION Mailing Address Principal Place of Business 712 S 18TH ST 712 S 18TH ST PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANTRY, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 712 S 18TH ST PALATKA FL 32177 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. -21-2002 SIGNATURE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01 M Change ☐ Addition ☐ Delete TITLE TITLE NAME charles I Chantri CHANTRY, CHARLES J NAME 712 S 18TH ST STREET ADDRESS 39 Bulow Woods STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALATKA FL 32177 21*36* M Change ☐ Addition ☐ Delete TITLE TITLE NAME CHANTRY, MARGARET NAME STREET ADDRESS STREET ADDRESS 712 S 18TH ST CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 Addition Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if

FILED