

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90119 017 ***150.00

0674076
FD

DOCUMENT # P01000048174



1. Entity Name
CHANTRY LAND CORPORATION

Principal Place of Business
**39 BULO WOODS CIRCLE
FLAGLER BEACH FL 32136**

Mailing Address
**39 BULO WOODS CIRCLE
FLAGLER BEACH FL 32136**

90009134



2. Principal Place of Business
39 BULOW WOODS Cir
Suite, Apt. #, etc.

3. Mailing Address
39 Bulow Woods Cir
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Flagler Beach, FL
Zip
32136

City & State
Flagler Beach, FL
Zip
32136

4. FEI Number
59-3721384
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHANTRY, CHARLES J
39 BULOW WOODS CIRCLE
FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE 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 | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHANTRY, CHARLES J | | NAME | | |
| STREET ADDRESS | 39 BULOW WOODS CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | FLAGLER BEACH FL 32136 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHANTRY, MARGARET | | NAME | | |
| STREET ADDRESS | 39 BULOW WOODS CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | FLAGLER BEACH FL 32136 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: CHANCEY J. CHANTRY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-03 386-439-1687
Date Daytime Phone #

CR2E034 (10/02)