

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90395 033 ***150.00

DOCUMENT # P02000059722

1. Entity Name
CHESTER PRODUCTIONS, INC.



Principal Place of Business
8919 EMERSON AVE
SURFSIDE FL 33154

Mailing Address
8919 EMERSON AVE
SURFSIDE FL 33154



2. Principal Place of Business
14895 NE 20th Ave
Suite, Apt. #, etc.

3. Mailing Address
14895 NE 20th Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
North Miami FL
Zip
33181 Country
Dade

City & State
North Miami FL
Zip
33181 Country
Dade

4. FEI Number
02-0608115

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUURMAN, KAREN
8919 EMERSON AVE
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name **Karen Campbell**
Street Address (P.O. Box Number is Not Acceptable)
14895 NE 20th Avenue
City **North Miami** FL Zip Code **33181**

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 **Karen Campbell, Director** DATE **2/7/03**
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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUURMAN, KAREN 8919 EMERSON AVE SURFSIDE FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Campbell 14895 NE 20th Ave North Miami, FL 33181	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 (305) 949-0434
Date Daytime Phone #

CR2E034 (10/02)