

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90022 039 \*\*\*150.00

**DOCUMENT # P96000035092**

1. Entity Name

**JOHN ALLEN CHIDSEY, INC.**

Principal Place of Business

~~13730 W STATE RD 84 #302~~  
~~DAVIE FL 33325-5306~~  
~~US~~

Mailing Address

~~13730 W STATE RD 84~~  
~~SUITE 302~~  
~~DAVIE FL 33325-5306~~  
~~US~~

2. Principal Place of Business

**4485 Stirling Rd**

3. Mailing Address

**630 LAKE SHORE BLVD**

Suite, Apt. #, etc.

**107**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale FL**

City & State

**DAVIE FL**

Zip

Country

**FLORIDA**

Zip

**33325**

Country

**BROWARD**

4. FEI Number

**65-0659889**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHIDSEY, JOHN A**  
~~13730 W. STATE ROAD 84~~  
~~DAVIE FL 33325~~

7. Name and Address of New Registered Agent

Name **"Same"**  
 Street Address (P.O. Box Number is Not Acceptable)  
**630 LAKE SHORE BLVD**  
~~DAVIE FL~~  
 City **DAVIE** FL Zip Code **33325**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>CHIDSEY, JOHN A</b>	<b>13730 W. STATE ROAD 84 #302</b>	<b>DAVIE FL 33325</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John A. Chidsey*

Date

**3/26/00**

Daytime Phone #

**(954) 5574232**