

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90205 050 ***150.00

DOCUMENT # P96000035092

1. Entity Name
JOHN ALLEN CHIDSEY, INC.

Principal Place of Business

**4485 STIRLING RD
 #107
 FT LAUDERDALE FL
 US**

Mailing Address

**630 LAKESHORE TERR
 DAVIE FL 33325
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4241 SW 72 Terr

Suite, Apt. #, etc.
N/A

City & State
DAVIE FL

Zip
33314

Country
BROWARD

3. Mailing Address

4241 SW 72 Terr

Suite, Apt. #, etc.
N/A

City & State
DAVIE FL

Zip
33314

Country
BROWARD

4. FEI Number **65-0659889**

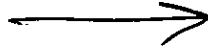
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIDSEY, JOHN A
 630 LAKESHORE TERR
 DAVIE FL 33325**



Name

Street Address (P.O. Box Number is Not Acceptable)

4241 SW 72 Terr

City **DAVIE**

FL

Zip Code **33314**

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

John A. Chidsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	CHIDSEY, JOHN A
STREET ADDRESS	13780 W. STATE ROAD 84 #302 4241 SW 72 Terr
CITY-ST-ZIP	DAVIE FL 33325

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

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

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

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

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

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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:

John A. Chidsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

7545574232

Daytime Phone #

CR2E034 (10/00)