

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

DOCUMENT # **P96000035092**

1. Entity Name  
**JOHN ALLEN CHIOSEY INC.**



FILED

03 SEP -2 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**651 THORNRIIDGE AVE**

3. Mailing Address  
**"SAME"**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

4. FEI Number  
**650659889**

Applied For  
Not Applicable

Zip  
**33325**

Country  
**BRUNNAD**

Zip  
**33325**

Country  
**BRUNNAD**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**JOHN ALLEN CHIOSEY**

Street Address (P.O. Box Number is Not Acceptable)  
**651 THORNRIIDGE AVE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**PRESIDENT  
JOHN ALLEN CHIOSEY  
651 THORNRIIDGE AVE  
DAVIE FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**300022701523  
09/02/03--01058--004 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**N/A**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE: **John Allen Chiosey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/15/03** Daytime Phone # **954-520-4423**

CR2E034B (12/02)

9/13

John Allen Chidsey  
651 Thorn ridge Ave  
Davie, Florida, 33325

State of Florida  
Division of Corporations

To whom it may concern,

This letter is to inform you that I never received my annual renewal  
For my Corporation John Allen Chidsey Inc. Enclosed is my annual fee. Please waive  
~~any penalties due to the circumstances.~~

Sincerely,

A handwritten signature in black ink that reads "John Allen Chidsey". The signature is written in a cursive style with a long, sweeping underline that extends to the left.