

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 041 ***150.00

0645307

DOCUMENT # P97000038075

1. Entity Name

CHIPPER PROPERTIES INCORPORATED

Principal Place of Business

835 S OSPREY AVE
 SUITE 212
 SARASOTA FL 34236
 US

Mailing Address

835 S OSPREY AVE
 SUITE 212
 SARASOTA FL 34236
 US

2. Principal Place of Business

3876 TORREY PINES BLVD

Suite, Apt. #, etc.

3. Mailing Address

3876 TORREY PINES BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number **65-0764238**

Applied For

Not Applicable

Zip

34238

Country

USA

Zip

34238

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN
630 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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.

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANS, ROSS A	
STREET ADDRESS	835 SO. OSPREY AVENUE, #212	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EARNHARDT, MARK	
STREET ADDRESS	14308 SPYGLASS RIDGE DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EARNHARDT, JANET	
STREET ADDRESS	14308 SPYGLASS RIDGE DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANS, ROSS	
STREET ADDRESS	3876 TORREY PINES BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRARD, DENNIS	
STREET ADDRESS	3864 TORREY PINES BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH S. MUSTARD C/O	
STREET ADDRESS	835 South Osprey Ave #209	
CITY-ST-ZIP	Sarasota FL 34236	

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

3-8-01 (941) 809-0034

Date

Daytime Phone #

CR2E034 (10/00)