

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039441

1. Entity Name

CHAPARRAL ENTERPRISES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90091 011 ***150.00

Principal Place of Business 13950 62ND ST N CLEARWATER FL 33760	Mailing Address 13950 62ND ST N CLEARWATER FL 33760-3629
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3553661	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHISHOLM, KARAN
13950 62ND ST N
CLEARWATER FL 33760

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, DONNA
STREET ADDRESS	13950 62ND ST N
CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, GARY
STREET ADDRESS	13950 62ND ST N
CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, KARAN
STREET ADDRESS	13950 62ND ST N
CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, RUSTY
STREET ADDRESS	13950 62ND ST N
CITY-ST-ZIP	CLEARWATER FL 33760
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"/> 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	<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	

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: *GARY CHISHOLM*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00-727-531-6300
 Date Daytime Phone #

CR2F034 (9/99)