

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016884

1. Entity Name

CHIPPI TRANSPORTATION, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90012 012 \*\*\*150.00

Principal Place of Business

Mailing Address

3341 CAKE TERRACE  
 NORTH PORT FL 34286-4303

3341 CAKE TERRACE  
 NORTH PORT FL 48726-0145

2. Principal Place of Business

4123 MICHEL TREE ST.

3. Mailing Address

4123 michel tree st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FL

City & State

Port Charlotte, FL

4. FEI Number

59-3574665

Applied For

Not Applicable

Zip

Country

33948

CHARLOTTE

Zip

Country

33948

CHARLOTTE

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

CHIPPI, BRADLEY L  
 3341 CAKE TERRACE  
 NORTH PORT FL 34286-4303

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

*Brad Chippi Director*

4-28-00

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.

**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIPPI, BRADLEY L	NAME	SUSANNE M. CHIPPI
STREET ADDRESS	3341 CAKE TERRACE	STREET ADDRESS	4123 MICHEL TREE ST.
CITY-ST-ZIP	NORTH PORT FL 34286-4303	CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	CHIPPI BRADLEY L
STREET ADDRESS		STREET ADDRESS	4123 MICHEL TREE ST.
CITY-ST-ZIP		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Brad Chippi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

517-872-8421

Daytime Phone #

CR2E034 (9/99)