

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90181 018 ***150.00

DOCUMENT # P99000016884

1. Entity Name
CHIPPI TRANSPORTATION, INC.

C0065983



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~4123 MICHEL TREE ST~~ ~~PORT CHARLOTTE FL 33948~~
6933 E. CASS CITY RD.
CASS CITY, MI 48726

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3574665** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHIPPI, BRADLEY L
~~3341 CAKE TERRACE~~
NORTH PORT FL 34286-4303

7. Name and Address of New Registered Agent
 Name **JOHN J. MEROLA, E.A.**
 Street Address (P.O. Box Number is Not Acceptable)
~~6933 E. CASS CITY RD.~~
3154 NEWBURY ST
PORT CHARLOTTE FL 33952

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 **4/12/01**
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, 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	CHIPPI, BRADLEY L	
STREET ADDRESS	4123 MICHEL TREE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHIPPI, SUSANNE M	
STREET ADDRESS	4123 MICHEL TREE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
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		ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6933 E CASS CITY RD.	
CITY-ST-ZIP	CASS CITY, MI 48726	
TITLE		ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6933 E CASS CITY RD.	
CITY-ST-ZIP	CASS CITY, MI 48726	
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: **Brad Chippi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/01** Daytime Phone #

CR2E034 (10/00)