FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93593 039 ***158.75

DOCUMENT # 160673

1. Entity Name

CHASTAIN-SKILLMAN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4705 OLD HWY 37	4705 OLD HWY 37
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FLORIDA	City & State: LAKELAND FLORIDA
Zip: 33813 Country: POLK	Zip: 33813 Country: POLK

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0619876 ☐ Applied For ☐ Not Applicable

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: RONALD L. CLARK

Street Address (P.O. Box Number is Not Acceptable): 500 S FLORIDA AVENUE SUITE 800

City: LAKELAND FL Zip Code: 33801

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PDS	TITLE	
NAME	CHASTAIN, JAMES R JR	NAME	
STREET ADDRESS	1026 E HIGHLAND DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CAMPBELL, KENNETH R	NAME	
STREET ADDRESS	601 KERNEYWOOD ST	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SCHULER, ROBERT P	NAME	
STREET ADDRESS	140 E CIRCLE ST AVON PARK FL 33825	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T	TITLE	IN THIS SPACE
NAME	DODDS, KEITH S	NAME	
STREET ADDRESS	3338 SONGBIRD LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	HUNNICUTT, SUZANNE S	NAME	
STREET ADDRESS	1825 OLEANDER DR AVON PARK FL 33825	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	LASSI, GREG J	NAME	
STREET ADDRESS	2033 HIGH VISTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: _____ 5-21-02 863-646-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #