

**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

4705 OLD HWY 37

Suite, Apt. #, etc.

3. Mailing Address

4705 OLD HWY 37

Suite, Apt. #, etc.

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

Zip

33813

Country

POLK

Zip

33813

Country

POLK

4. FEI Number

59-0619876

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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 remaining)

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 ☐

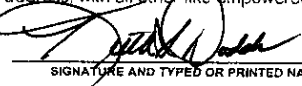
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS CHASTAIN, JAMES R JR 1026 E HIGHLAND DR LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPBELL, KENNETH R 601 KERNEYWOOD ST LAKELAND FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHULER, ROBERT P 140 E CIRCLE ST AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DODDS, KETH S 3338 SONGBIRD LANE LAKELAND FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HUNNICUTT, SUZANNE S 1825 OLEANDER DR AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LASSI, GREG J 2033 HIGH VISTA DRIVE LAKELAND FL 33813

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-02

Date

863-646-1402

Daytime Phone #

CR2E034B (12/01)