

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 012 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265686
 1. Entry Name
CHENEY BROS., INC.

DO NOT WRITE IN THIS SPACE

425439

2. Principal Place of Business
ONE CHENEY WAY

3. Mailing Address
SAME

City & State
RIVIERA BEACH FL 33404

Zip
33404-7000

Country
USA

4. FFI Number
59-1003104

5. Certificate of Status Desired **XKK** \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
BYRON C RUSSELL
 Street Address (P.O. Box Number is Not Acceptable)
ONE CHENEY WAY
 City
RIVIERA BEACH FL Zip Code
33404-7000

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.

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	VP SCHWAEBAUER, PHILIP SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, PATTI B SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RUSSELL, BYRON C SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUME, GEORGE W SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(b), Florida Statute. 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 Statute; and that my name appears in Block 11 or on an attachment with an address, with all other filers, except as noted.

SIGNATURE:  **PATTI B MOORE** 2/26/02 (561) 845-4700EXT112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)