

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 366932

1. Entity Name

BIG CHIEF WESTERN SYSTEM, INC.

Principal Place of Business
1405-1407 WEST 15TH STREET
PANAMA CITY FL 32402

Mailing Address
P.O. BOX 1086
PANAMA CITY FL 32402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DREW, PATRICIA M
1208 W. 11TH ST.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name John W. Drew
Street Address (P.O. Box Number Not Acceptable) P.O. Box 1066
1208 W 11th Street
City Panama City FL 32402

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

John W. Drew

(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) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 ☐ Delete
NAME P
STREET ADDRESS DREW, PATRICIA
CITY-ST-ZIP 1208 WEST 11TH STREET
PANAMA CITY FL 32401

TITLE ☐ Delete
NAME V
STREET ADDRESS DREW, JOHN W JR
CITY-ST-ZIP 3406 W. 16TH ST.
PANAMA CITY FL 32465

TITLE ☐ Delete
NAME T
STREET ADDRESS DREW, MICHAEL R
CITY-ST-ZIP 1208 W. 11TH STREET
PANAMA CITY FL 32401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-27-2002 90015 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)