

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505831

1. Entity Name

CHIPPENDALE CONTRACTORS, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90002 027 ***150.00

Principal Place of Business

4013 W LINEBAUGH AVE
TAMPA FL 33624-5214

Mailing Address

4013 W LINEBAUGH AVE
TAMPA FL 33624-5214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

104

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1676496

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIKAM, DONALD N.
4013 W LINEBAUGH AVE
TAMPA FL 33624

Name

James G. Hoskins

Street Address (P.O. Box Number is Not Acceptable)

4013 W. Linebaugh Ave. Suite 104

City

Tampa,

FL

Zip Code

33624

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

James G. Hoskins C.C.I./President

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIKAM, DONALD N. 15404 CARROLLTON LN TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEIKAM, CAROLE 15404 CARROLLTON LN TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSKINS, JAMES 3852 SELIOS PLACE LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	****EFFECTIVE 3/31/2000****	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR SECRETARY James G. Hoskins 4013 W Linebaugh Ave. S104 Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

(813) 962-7779
(813) 961-8216

CR2E034 (10/00)