

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90144 039 ***150.00

0820037
AV

DOCUMENT # 507950

1. Entity Name
CHANE INC., CONSULTING ENGINEERS



Principal Place of Business

**2511 PARK STREET
LAKE WORTH FL 33460
US**

Mailing Address

**2511 PARK STREET
LAKE WORTH FL 33460
US**

2. Principal Place of Business

2705 PARK STREET

Suite, Apt. #, etc.
LAKE WORTH FL

City & State
33460

Zip
33460

Country
U.S.

3. Mailing Address

2705 PARK STREET

Suite, Apt. #, etc.
B.

City & State
LAKE WORTH, FL

Zip
33460

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1684684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHANE, ARNOLD I
2511 PARK STREET
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
CHANE - ARNOLD - I

Street Address (P.O. Box Number is Not Acceptable)
2705 PARK STREET

City
LAKE WORTH FL FL 33460

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 6, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CHANE, ARNOLD I.
8380 WEST LAKE DRIVE
LAKE CLARKE SHRES FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
CHANE, BARBARA
8360 WEST LAKE DRIVE
LAKE CLARKE SHRES FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ARNOLD I. CHANE** 1/6/03 561-586-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)