

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90710 024 ***150.00

DOCUMENT # 569457

1. Entity Name
CHARIOT MOTORS, INC.



Principal Place of Business

~~19245 SR 52~~
~~LAND O LAKES FL 34639~~
US

Mailing Address

~~19245 SR 52~~
~~LAND O LAKES FL 34639~~
US

2. Principal Place of Business

PO BOX 15689
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 15689
Suite, Apt. #, etc.

City & State

Brooksville

City & State

Brooksville FL

Zip

34604

Country

U.S.A.

Zip

34604

Country

U.S.A.

4. FEI Number

59-1871198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

AIELLO, RAYMOND P.
2080 BRIGADIER DR
SPRING HILL FL 34809

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE ☐ Delete

NAME
P
AIELLO, RAYMOND P.
STREET ADDRESS
2080 BRIGADIER DR
CITY-ST-ZIP
SPRING HILL FL

TITLE ☐ Delete

NAME
VS
AIELLO, SUSAN
STREET ADDRESS
19206 SEAMIST LN
CITY-ST-ZIP
LUTZ FL 33549

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/03

Daytime Phone #

352-754-6929

CR2E034 (10/02)