

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90197 018 ***150.00

DOCUMENT # 630775

1. Entity Name

CHANCY-STOUTAMIRE, INC.

Principal Place of Business

Mailing Address

1180 W. WASHINGTON
P.O. BOX 479
MONTICELLO FL 32344

1180 W. WASHINGTON
P.O. BOX 479
MONTICELLO FL 32344-1127

701183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1020 W. Washington St

PO Box 569

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Monticello, FL

Monticello, FL

Zip

Country

Zip

Country

32344

Jefferson

32345

Jefferson

4. FEI Number

59-1925065

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

CHANCY, RICKIE W
1180 W. WASHINGTON
MONTICELLO FL 32344

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.

SIGNATURE

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

(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, 2000 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	V	<input type="checkbox"/> Delete
NAME	STOUTAMIRE, JEFFERY R	
STREET ADDRESS	935 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHANCY, RICKIE W	
STREET ADDRESS	WACISSA RD	
CITY-ST-ZIP	WACISSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 850-997-2573

CR2E034 (9/99)