

FILED  
Feb 25, 2003 8:00 am  
Secretary of State

02-25-2003 90134 020 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000003900

1. Entity Name  
CHEP INTERNATIONAL INC.



80039731

Principal Place of Business  
450 S. ORANGE AVE  
SUITE 410  
ORLANDO FL 32801

Mailing Address  
8517 S. PARK CIRCLE  
ORLANDO FL 32819-9040

2. Principal Place of Business  
8517 S. Park Circle  
Suite, Apt. #, etc.

3. Mailing Address  
8517 S. Park Circle  
Suite, Apt. #, etc.

City & State  
Orlando Florida

City & State  
Orlando Florida

Zip  
32819-9040  
Country  
USA

Zip  
32819-9040  
Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2164636

Applied For  
Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
MOORE, BOBBY  
450 S. ORANGE AVE., SUITE 410  
ORLANDO FL 32801 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO/D  
VICTOR MENDES  
8517 SOUTH PARK CIRCLE  
ORLANDO, FL 32819-9040 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SIZEMORE, TOD  
450 S. ORANGE AVE., SUITE 410  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8517 SOUTH PARK CIRCLE  
ORLANDO, FL 32819-9040 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFOD  
LEVETT, PAUL  
450 S. ORANGE AVE., SUITE 410  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8517 SOUTH PARK CIRCLE  
ORLANDO, FL 32819-9040 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, MICHAEL  
450 S. ORANGE AVE., SUITE 410  
ORLANDO FL 32801 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TURNER, DAVID  
450 S. ORANGE AVE., SUITE 410  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1 Magnume Place  
Sydney NSW 2000 Australia ☒ 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:

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

Date

Daytime Phone #

1/27/03 407-563-2020

CR2E034 (10/02)