

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000002847

1. Entity Name  
CHACONIA FINANCIAL SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 20 PM 4:31

Principal Place of Business  
C/O T&T UNIT TRUST CORP., UTC FNCL CNTR.  
82 IND. SQUARE, PORT OF SPAIN, TRINIDAD  
WEST INDIES

Mailing Address  
C/O T&T UNIT TRUST CORP., UTC FNCL CNTR.  
82 IND. SQUARE, PORT OF SPAIN, TRINIDAD  
WEST INDIES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 05-0467266

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

500014417865

03/20/03--01070--023 \*\*150.00

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 PT  
NAME OLTON, LARRY L ☐ Delete  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

TITLE C  
NAME ALLEYNE, HUBERT ☐ Change ☒ Addition  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

TITLE V  
NAME DANIEL-WORRELL, GAYLE C ☐ Delete  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

TITLE V/S  
NAME DANIEL-WORRELL, GAYLE C ☒ Change ☐ Addition  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

TITLE D  
NAME BENN, CLARRY ☐ Delete  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

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

TITLE D  
NAME CHANG, JUDY Y ☒ Delete  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

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

TITLE D  
NAME NICKIE, RENRICK A ☐ Delete  
STREET ADDRESS 82 INDEPENDENCE SQ., PORT OF SPAIN  
CITY-ST-ZIP TRINIDAD, WEST INDIES

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

TITLE S  
NAME PAYNE, ULICE JR. ☒ Delete  
STREET ADDRESS 777. E. WISCONSIN AVE.  
CITY-ST-ZIP MILWAUKEE WI 53202

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 REQUIRED

19/03/03

868-625-4565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)