

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0700286 IN

**DOCUMENT # F02000002847**

1. Entity Name  
**CHACONIA FINANCIAL SERVICES, INC.**



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

Principal Place of Business <b>C/O T&amp;T UNIT TRUST CORP., UTC FNCL CNTR. 82 IND. SQUARE, PORT OF SPAIN, TRINIDAD WEST INDIES</b>	Mailing Address <b>C/O T&amp;T UNIT TRUST CORP., UTC FNCL CNTR. 82 IND. SQUARE, PORT OF SPAIN, TRINIDAD WEST INDIES</b>
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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**

CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PT <b>OLTON, LARRY L</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME	V <b>DANIEL-WORRELL, GAYLE C</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME	D <b>BENN, CLARRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME	D <b>CHANG, JUDY Y</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME	D <b>NICKIE, RENRICK A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME	S <b>PAYNE, ULICE JR.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>777. E. WISCONSIN AVE. MILWAUKEE WI 53202</b>	

TITLE NAME	C <b>ALLEYNE, HUBERT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME	V/S <b>DANIEL-WORRELL, GAYLE C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>82 INDEPENDENCE SQ., PORT OF SPAIN TRINIDAD, WEST INDIES</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**      19/03/03      868-625-4565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CF2E034 (10/02)