

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90035 019 ***150.00

0488184

DOCUMENT # F02567

1. Entity Name
CHUMP, INC.

Principal Place of Business

**1618 N. US 1
P.O. BOX 782083
SEBASTIAN FL 32978
US**

Mailing Address

**1618 N. US 1
P.O. BOX 782083
SEBASTIAN FL 32978
US**

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 **59-2036502**

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

**HUMPHREY, CHARLES W.
1618 N. U.S. 1
SEBASTIAN FL 32958**

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 _____ (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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**SD
HUMPHREY, JOAN M.
1618 N. US 1
SEBASTIAN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**VD
HUMPHREY, DAVID A.
1618 N US 1
SEBASTIAN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**DPT
HUMPHREY, CHARLES W.
1618 N. US 1
SEBASTIAN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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 like empowered.

SIGNATURE: **Charles W. Humphrey, Pres.**
CHARLES W. HUMPHREY, PRES.

3-20-01 561-589-5555

Date Daytime Phone #

CR2E034 (10/00)