## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # F33021** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name THE CHISHOLM CORPORATION OF VERO 04-29-2000 90004 016 \*\*\*150.00 Mailing Address Principal Place of Business 366 33RD AVE. SW 366 33RD AVE. SW VERO BCH FL 32968-3131 VERO BCH FL 32968 3. Mailing Address 2. Principal Place of Business 204h Strect Strect 1407 204n 1407 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Vero Bouch City & State VG20 City & State 4. FEI Number Applied For 59-2093857 Beach FLOCIDA 600 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32960 32960 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHISHOUM, SCOTT Street Address (P.O. Box Number is Not Acceptable) 366 33RD AVE, SW VERO BEACH FL 32960 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. STD Addition ☐ Change TITLE Delete TITLE CHISHOLM, BRENDA NAME NAME 366 33RD AE, SW STREET ADDRESS STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHISHOLM, SCOTT D NAME NAME 366 33RD AE, SW STREET ADDRESS STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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