

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002222

1. Entity Name

CHEMPER INC.



FILED

03 APR 29 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11 Old Parham Rd.

3. Mailing Address  
c/o Aubrey Choy

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
"Moondale"

**REINSTATEMENT**

02-03

DO NOT WRITE IN THIS SPACE

City & State  
St. John's

City & State  
Lodge Hill Woods, St. Michael

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
Country  
Antigua

Zip  
Country  
Barbados, W. Indie

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

7. Name and Address of Current Registered Agent

Name  
Todd Hinsley

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

233 East Bayridge Dr.

City  
Weston

FL Zip Code  
33327

**DO NOT WRITE  
IN THIS SPACE**

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

4/25/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Pres. - Aubrey Choy  
"Moondale", Lodge Hill Woods, St. Michael,  
Barbados, West Indies

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000017223540  
04/28/03--01133--013 \*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP - Richard Taurel  
South Ridge Christ Church Barbados, West  
Indies

TITLE  
NAME  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Taurel

04/10/03

246-437-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30