

DOCUMENT # F97000006018

1. Entity Name  
CHIEF MANAGEMENT INC.

Principal Place of Business

PO BOX 10335  
BRADENTON FL 34282

Mailing Address

PO BOX 10335  
BRADENTON FL 34282

2. Principal Place of Business

Box 7442  
Suite, Apt. #, etc.

3. Mailing Address

Box 7442  
Suite, Apt. #, etc.

City & State

BRADENTON FL.

City & State

BRADENTON FL.

4. FEI Number 59-3469707

Applied For

Not Applicable

Zip 34210

Country U.S.

Zip 34210

Country U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEADRICK, G  
2108 49TH AVE W.  
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name

G. HEADRICK

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

410 Rusty Rex 3706 14th St. W.

City

BRADENTON

FL

Zip Code

34205

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

1/3/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HEADRICK, GARY	
STREET ADDRESS	5323 88TH ST W	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCALL, CAROL N	
STREET ADDRESS	3 MISHAWAUKA	
CITY-ST-ZIP	KEOKUK IO 52632	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEADRICK, D.M.	
STREET ADDRESS	4 MELODY CT	
CITY-ST-ZIP	KEOKUK IO 52632	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90009 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)