

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90218 001 ***150.00

DOCUMENT # F98000003967

1. Entity Name
SWISS CHALET HOLDINGS, INC.



Principal Place of Business
**ONE BOCA PLACE 2255 GLADES RD STE 324
ATRIUM . PMB#1070
BOCA RATON FL 33433**

Mailing Address
**ONE BOCA PLACE 2255 GLADES RD STE 324
ATRIUM . PMB#1070
BOCA RATON FL 33433**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-1399208		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSAMPALIEROS, GABE			NAME			
STREET ADDRESS	2255 GLADES RD STE 324 ATRIUM PMB 1070			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANOUSE, KEITH			NAME			
STREET ADDRESS	2255 GLADES RD STE. 324 ST ATRIUM PMB 1070			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP			
TITLE	ASX Asst Secretary	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKIE, IAN			NAME			
STREET ADDRESS	2255 GLADES RD SUITE 324A PMB 1070			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRY, JAMES			NAME			
STREET ADDRESS	2255 GLADES RD. SUITE 324A PMB 1070			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E034 (10/02)

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: **IAN WILKIE**
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 14/03

905-405-6717

Date

Daytime Phone #