

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000004507**1. Entity Name
JOHN CHATILLON & SONS, INC.Principal Place of Business
8600 SOMERSET DR
LARGO FL 33773
Mailing Address
8600 SOMERSET DR
LARGO FL 33773

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
11-2286893
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

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 _____ 01/11/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE T
NAME SAUNDERS DIERDRE D ☐ Delete
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301TITLE S
NAME WINQUIST DONNA F ☐ Delete
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301TITLE P
NAME SVET FRANK A ☒ Delete
STREET ADDRESS 8600 SUMMERSET DRIVE
CITY-ST-ZIP LARGO FL 33773TITLE DV
NAME CHLEBEK ROBERT W ☐ Delete
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301TITLE V
NAME MOLINELLI JOHN J ☐ Delete
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301TITLE C
NAME HERMANC FRANK S ☐ Delete
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T
NAME SAUNDERS DEIRDRE D ☒ Change ☐ Addition
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME MOLINELLI JOHN J ☒ Change ☐ Addition
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301TITLE CD
NAME HERMANC FRANK S ☒ Change ☐ Addition
STREET ADDRESS STATION SQUARE
CITY-ST-ZIP PAOLI PA 19301

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: Thomas E Harkins

V

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)