

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90049 041 ***150.00

0013819 AV

DOCUMENT # G36454

1. Entity Name

PHILIP J. CHANFRAU, JR., P.A.



Principal Place of Business

~~% CHANFRAU & CHANFRAU~~
~~701 N. PENINSULA DR.~~
DAYTONA BCH. FL 32118-3830

Mailing Address

~~% CHANFRAU & CHANFRAU~~
~~701 N. PENINSULA DR.~~
DAYTONA BCH. FL 32118-3830

30000134



2. Principal Place of Business

Bouck & Chanfrau

3. Mailing Address

Bouck & Chanfrau

Suite, Apt. #, etc.

444 Seabreeze Blvd. Ste 700

Suite, Apt. #, etc.

444 Seabreeze Blvd. Ste 700

City & State

Daytona Beach, FL 32118

City & State

Daytona Beach, FL 32118

Zip

Country

USA

Zip

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2311096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANFRAU, W.W.
701 N PENINSULA DR.
DAYTONA BCH. FL

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. 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

TITLE PD ☐ Delete
NAME CHANFRAU JR, PHILIP J
STREET ADDRESS ~~701 N. PENINSULA DR.~~
CITY-ST-ZIP DAYTONA BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 444 Seabreeze Blvd. Ste. 700
CITY-ST-ZIP Daytona Beach, FL. 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

(386) 852-7719
Daytime Phone #

CR2E034 (10/02)